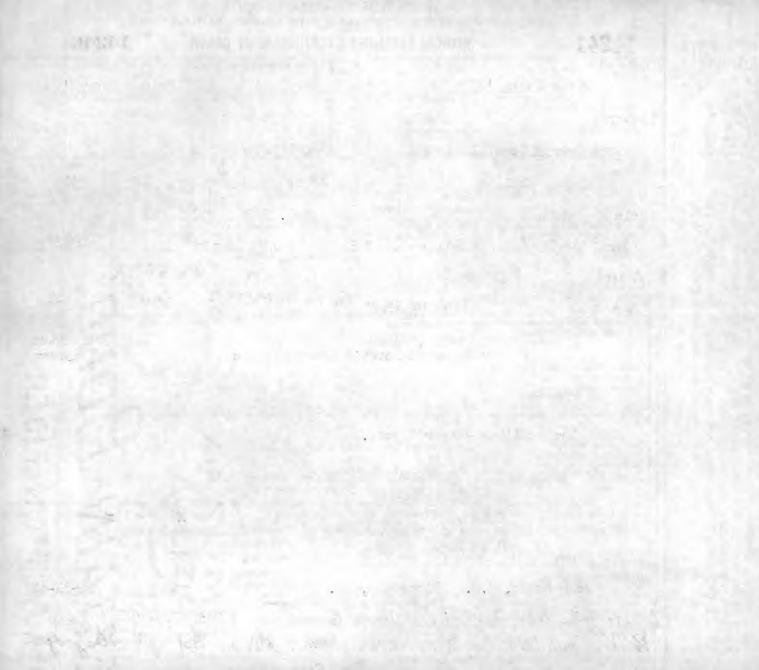
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Page of Prince George's Prince George's MARYLAND Maryland delay and 3 b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly DOA College Park d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A EARM? d. STREET ADDRESS arm Prince George General Hospital 5021 Laguna Road YES NO 3 Item 18, Give Poges 24 hours after deoth. Examiner's Office along with 3. NAME OF 4. DATE Middle Last Month DECEASED the (Type or print) William Adams DEATH Jond 2 with 9. AGE (In years IE UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED last birthdoy) Manths ofter death. WIDOWED DIVORCED Feb. 1896 White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY , S during most of warking life, even if retired) INDUSTRY DRUG STORE TENNESSEE in pencil i This certificate should be executed within 13. FATHER'S NAME MOTHER'S MAIDEN NAME hours WESTER SMACA AURA NOAH RALPH M. MOORE within 72 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. SAME Chief Medicol (Yes, no, or unknown) (If yes give war or dates of service) "pending" 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN event ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Heart failure IMMEDIATE CAUSE (a) writing the word Arteriosclerotic heart disease unknown the duy Conditions, if ony, which gave should be forwarded to rise ta immediate cause (a). 5 DUF TO stoling the underlying couse D puo 05 be used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) removal, CERTIFICATION please execute the certificate, NO Diabetes mellitus - over 1 vear. 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING 10 CAUSE OF DEATH cremation. MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (State) Hour a.m. Nat While factory, street, office blda., etc.) YOUR DIRECTOR: Poge of work at work 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , ond in my opinion Inquiry 🔀 for burial, funeral director. death resulted from: Natural Lauses & Accident . Suicide Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIG NATURE FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Health Riverdale, Md. Address (Street, city, town, or county) 10-31-67 NAME (Type) Kehoe, M.D. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (Gounty) 0 HARLOTTESVILLE VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14242 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 14247 HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE delay is and 3 to M3. Page Prince George's
b. CITY OR TOWN (If outside corparate limits,
write RURAL and give nearest town) Maryland Prince George's MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hyattsville d STREET ADDRESS Cheverly DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE with form ON A FARM? YES NO T Prince George General Hospital 7930 15th. Avenue NAME OF Middle 4 DATE DECEASED (Type or print) DEATH 10 Anderson dolor 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE IF UNDER 24 HRS 7. MARRIED I B. DATE OF BIRTH NEVER MARRIED fast birthday) Manths WIDOWED DIVORCED 11 April 1911 Male White
10a. USUAL OCCUPATION (Give kind of wark dane be executed within 24 hou "pending" in pending 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

Retired INDUSTRY ony event within 72 hours after Virginia should be forwarded to the Chief Medical Examiner's carpenter 14. MOTHER'S MAIDEN NAME in pencil 13. FATHER'S NAME John Lee Anderson Bessie Edwards ST 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service) 225 05 1653 writing the word "pending" Evelyn Mae Anderson Hyattsville, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN OVER 2 VIS MMEDIATE CAUSE (a) Metastatic carcinoma This certificate should DUE TO Carcinoma of the pharynx over 2 vrs. Conditions, if any, which gave) rise to immediate cause (a). Ξ DUE TO stating the underlying cause puo 19 WAS AUTOPSY PERFORMED? be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) buriol, cremotian, or removal, NO S execute the certificate, 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, office bldg., etc.) Not While 21. I certify that I taak charge af the remains described above, held an Autapsy , Inspection , Inquiry , Inquiry and in my apinion Pol Natural rayres , Accident , Suicide . death resulted from: Hamicide Undetermined manner may be retained TO FUNERAL DIRE. Health prior to b CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 10-9-67 Riverdale, Md. Address (Street, city, tawn, ar county) NAME (Type) John Kehoe, M.D. the 23c NAME OF CEMETERY OR CHINACK 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23h DATE THEREOL (County) Burial (Specify) Washington National Suitland Pro Geo Md. Oct 11, 1967 25a. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15ME Gasch's Sons Hyattsville, Md. Minere Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14248 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Georges Prince Georges Maryland 'MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest tawn)
Cheverly 2 days Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Prince Georges General Bospital 5805 Ravenswood Road 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) Bakersmith Marv DEATH Oct. IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months LSep. DIVORCED White 14 Sept. 1924 43 Female IDo. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY RGINIA Housewife 13. FATHER'S NAME ENSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service) ALOUISE HCKERA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Acute pulmonary edema, severe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Year 2De. PLACE OF INJURY (Home, form, 2Dd. INJURY OCCURRED (City or town) Hour o.m. factory, street, office bldg., etc.) of work of work L 21. I certify that (2) (this haspital) attended the deceased fram Oct. 13. 19 67 ta Oct. 15 19 67, that (% (we) last 1967, and that death accurred at2.05 AMram causes and an the date stated abave. saw the deceased alive an Oct. 220. SIGNATURE 22b. DATE SIGNED

O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending director, page should be filed TO FUNERAL VR A15 (4) 25M 1/67

hours after death

The low requires that the death certificate be executed

the funeral

Dapper Filled

cremation, or removal, and in ony event,

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ottending physician permit. Then please

signed by the burial-transit p

certificote

DIRECTOR: After this

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physician.

23b. DATE THEREOF

Fidel

22c. PHYSICIAN'S

23o. BURIAL, CREMATION,

23c. NAME OF CEMETERY OR CREMATORY LINCOLN

M.D.

23d. LOCATION (City or Town)

22d. ADDRESS Prince Georges General Hospital

STAFF PHYS.

(County) (State)

Oct. 15, 1967

e. IS RESIDENCE ON A FARM?

Year

19 67

NO X

YES |

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPS'
PERFORMED?

YES KX NO

(Stote)

15

Quintana, M. D.

REC'D BY REGISTRAR

DIRECTOR

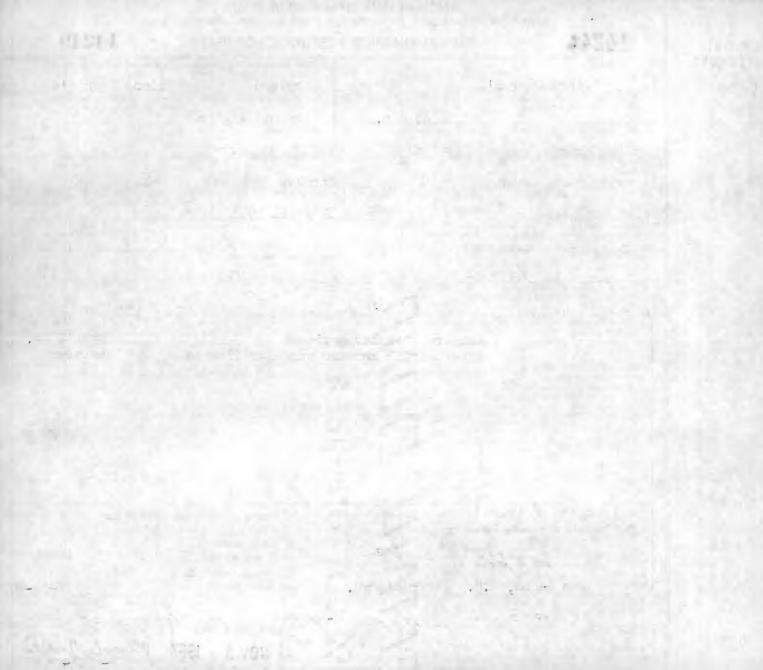
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14244 14249 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY o. STATE b. COUNTY Prince George's MARYIAND Marvland Prince George's delay b. CITY DR TDWN (If autside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY DR TOWN (If gutside carparate limits, write RURAL and give negrest town) Departi 45 min. Cheverly Fairmont Heights d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS 5713 Jav Street Prince George General Hospital YES NO be executed within 24 hours after death. with NAME OF Middle Last 4. DATE Manth Dov Year DECEASED in Item 18. Give-(Type or print) Vernon Barnett DEATH 10 5 Jand 2 with 5. SEX 6. COLDR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED B DATE OF RIRTH NEVER MARRIED Office alor lost birthdoy) Months Davs Hours 72 haurs after death WIDOWED DIVORCED Male Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 0051 Medical Examiner's pages pencil i 14_MOTHER'S MAIDEN NAME ≘ WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) (If yes give war or dates of service) "pending" within 29-42nd3 579-01-5706 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit any event PART I. DEATH WAS CAUSED BY OVER AND DEATH IMMEDIATE CAUSE (0) Cerebro vascular accident writing the ward This certificate shauld DUE TO Hypertensive cerebro vascular disease unknown Canditions, if any, which gave rise to immediate cause (o). 10 5 DHE TO stoting the underlying cause farwarded last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY remayal, PERFORMED? certificate, YES X NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 3 shauld 10 PRIMARY | or CONTRIBUTING | AL EXAMINER: CAUSE OF DEATH crematian, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur a.m. Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry X Inspection x and in my opinion deoth resulted from: Noturol couses Tr Suicide I Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER X Health NAME (Type) John Kehoe, M.D. Riverdale Md. 10-31-67 Address (Street, city, tawn, or county) 230 BURIAN, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 0 REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME Meliante 6M 1/67

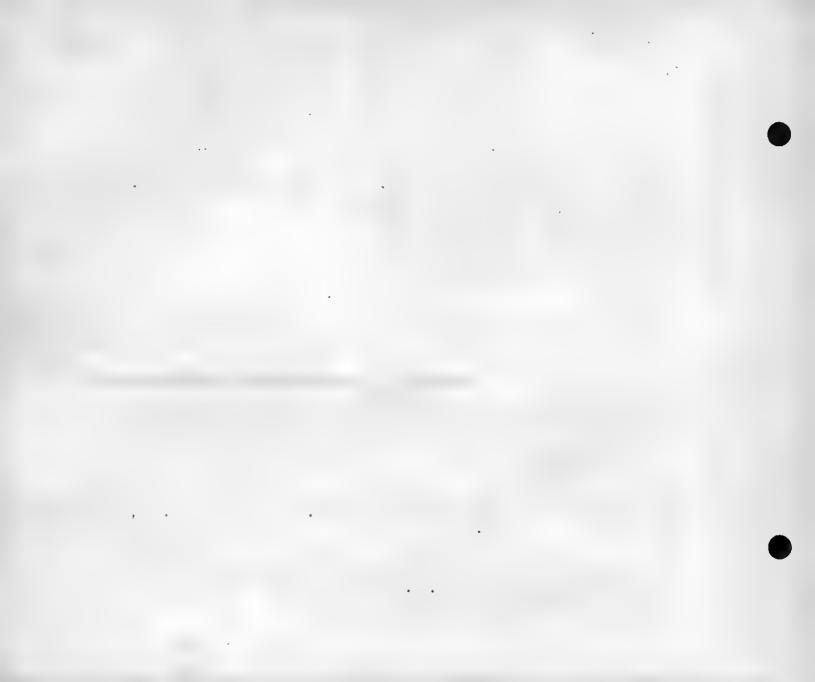


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 24201 CERTIFICATE OF DEATH ath. 1. PLACE OF DEATH 2. USUAL RESIDENCE Dibere deceased lived, if institution: Residence before oppingion o. COUNTY o. STATE b. COUNTY MARYLAND 24 hours ofter TOWN (If outside corporate limits, URAL and give negress town) c. LENGTH OF STAY IN (If outside corporarie limits, write RURAL and give nearest_tawn) filled in IS RESIDENCE ON A FARM? INCOM (If not in hospital, give street address) within 72 NO be executed within NAME OF Middle DATE Dov Year DECEASED OF (Type or print) 1900 DEATH remaye car 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Months Doys Hours and in any WIDOWED and IDo. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. UNK WAS DECEASED EVER IN ILS ARMED FORCES? requires that the death 16. SOCIAL SECURITY NO. INFORMANI (Yes, no, or unknown) ((If yes give wor or dates of service NONE burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per time for (p. INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). **DUF TO** stoting the underlying couse attending prior to as the lost. has PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOW RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 3 shauld be detached far use with the State Dept. of Health NO this certificate 20o. ACCIDENT WAS UNDERLYING [the haspital 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) While Not While of work TO FUNERAL DIRECTOR: After ٥ 21. I certify that (I) (this haspital) attended the deceased fram be retained and that death accurred at 1 34 M, fram causes and an the date stated above saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING STAFF director, page 3 Shauld be filed v M.D. PHYS. 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) EW 25b. REGISTRAR'S SIGNATURE Charles

MARYLAND STATE DEPARTMENT OF HEALTH

ONLY THE THE PARTY OF THE PARTY COLOR PURIALITIES TO SELECT

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 74248 14251 CERTIFICATE OF DEATH death 24 hours after death Erd and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased aved, if institut an Residence before admission) a. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND Maryland Prince Georges b CITY OR TOWN (If autside corporate timits, E. LENGTH OF STAY IN 16 t CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 12 1/2 days Hillcrest Heights Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCI ON A FARM? Prince Georges General Hospital 2506 Iverson Street NO X The law requires that the death certificate be executed within 3. NAME OF 4 DATE Lost Manth Year DECEASED (Type or print) DEATH Edward Beach 0ct 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED remove lost d birthday) Manths Haurs 9/27/13 and in any DIVORCED XXX WIDOWED Male White 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT physician a during most of working life, even if retired) & COUNTRY? BISKTRENS WASHINGTON MANTENENCE 13 FATHER'S NAME MOTHER'S MAIDEN NAME cremation, ar remayal, SDILLARD. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO & EMILEE (Yes, no, or unknown) (If yes give war or dates af service ANHAM, MD, 2000 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the haspital or attending physician. 4 JUI DUE TO Conditions, if any, which gave) rise to immediate cause (a), DUF TO stating the underlying cause etached far use as the Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? NO F FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS JNDERLYING I 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20c TIME OF INJURY Manth, Day Year 20f (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) **Nat While** at work L at work 2]. I certify that (t) (this haspital) attended the deceased from Sept. 29 . . . 1967 to Oct. 12. . 1967, that (1) (300) last director, page 3 shauld shauld be filed with the , and that death accurred at 11 - 10M, from causes and on the date stated above saw the deceased alive an Oct. 22a. SIGNATURE 22b DATE SIGNED MED. AM M D DIRECTOR 22c PHYSICIAN'S 22d ADDRESS NAME (Type) Prince Georges General Hospital Fidel Ouintana M. D. 23d LOCATION (City or Town) 23o BUR AL CREMATION. NAME OF CEMETERY (County) (State) 2 24. FUNERAL DIRECTOR 25b VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pproved death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY PAGE b. COUNTY after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b ਰ hours 25 Greense H Greenbelt 4045 ,E and d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS 12092 event, within ND X YES completely ye carbon b ed executed within 3. NAME OF First Middle Day fi DECEASED DF 1967 October Beck (Type or print) Marie IIMA DEATH noti 5. SEX AGE (In years | FUNDER 1 YEAR | IFUNDER 24 HRS last birthday) | Months | Days | Hours | Min. and con 5, COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. апу Female 6 MIDOWED physician a en please re eval, and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PI 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be INDUSTRY CDUNTRY? Housewife tv 13. FATHER'S NAME removal, MOTHER'S MAIDEN NAME r this certificate has been signed by the attending plactached for use as the burial-transit permit. Then to Bept, of Health prior to burial, cremation, or remova Coun 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes pive war or dates of service) Southwen Geo 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 3 INTERVAL BETWEEN ONSET AND DEATH Schexia PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pro the hospital or attending physician. DUE TO CRICINOSCICONS Φ YECKS Conditions, if any, which (b) eho gave riso to immediate DUE TO cause (a), stating the for use as the Health prior i underlying cause last. (c) CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY ohn PERFORMED? NO F YES 5 20a. ACCIDENT WAS UNDERLYING DON'T CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) Dr Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Examine Hour a.m. O FUNERAL DIRECTOR: After director, page 3 should be closed should be filed with the State While Not While be retained by ATTENOING at work p.m. at work October 2F 1967 that (1) (we) last 19 64 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 9.454M, from the causes and on the date stated above. 15 1967 saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. MED. M.D. PHYS. DIRECTOR Ca Page 4 may ADDRESS 22c. PHYSICIAN'S 22d. edic UC 10037 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF 2 10/31/67 Union Cemeterv Selinsgrove jwb 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Hyattsville, Md. Ochemia Judge Francis Gasch's Sons VR A15 (4) 15M 4-64



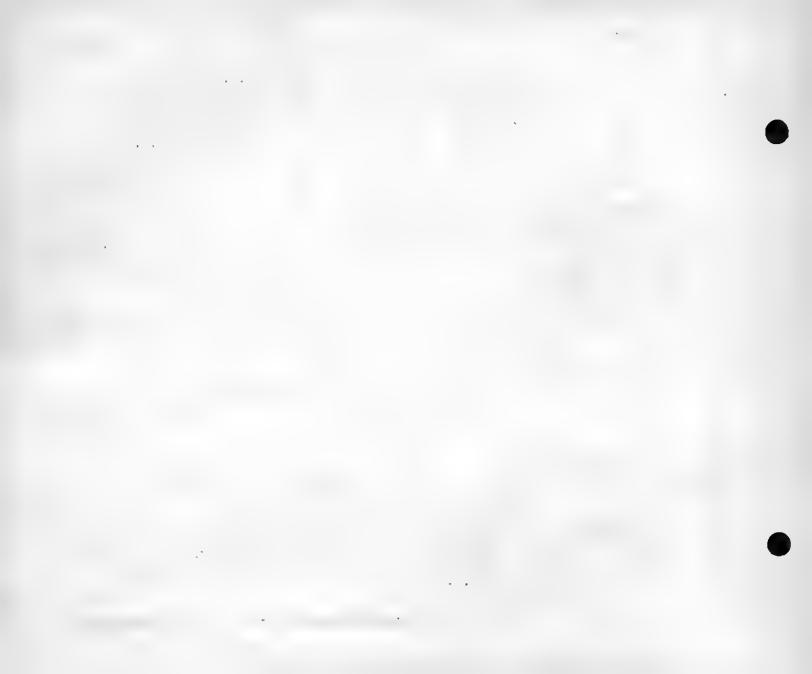
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14253 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY **6. COUNTY** Prince George's Pro George's campletely filled in by the tornove eachon papers Pages 1 y eyent, within 72 hours after MARYLAND b CITY OR TOWN (if outside corporate limits, write RUPAL and give necrest tawn) E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) requires that the death certificate be executed within 24 hours at Hyattsville, Md. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
*rince Georges General Hospital d STREET ADDRESS e IS RES DENCI ON A FARM? 3814 Uglethrope st NO. 3 NAME OF Middle 4 DATE Year DECEASED (Type or print) DEATH 19 6 DATE OF BIRTH July 18, 1872 6 COLOR OR RACE IF UNDER 24 HRS 7. MARRIED IF UNDER I YEAR **NEVER MARRIED** last birthday) Dovs Hours and in any WIDOWED 3 DIVORCED T 95 VIS 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY **COUNTRY?** llousewife Washington D. C. own home II S A 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, William Young Martha Ritchie 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Margaret Beller Hyattsville, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSEL AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPS PERFORMED? NO DC 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port It of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20t TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour 'n m. foctory, street, office bldg , etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram OC. + 10 1967, that (1) (we) last TO HOLISTEL OR ATTIND Page 4 may be retained saw the deceased alive an act. 24 19 67, and that death accurred at 442, M, from causes and an the date stated above. 22a SIGNATURE 22b. DATE SIGNED STAFF M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S Charles C Mt Rainier -- , Md. NAME (Type) Hageage BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR EREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Colmar Manor Pro George 1967 Ft Lincoln Cemetery 24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 F. Gasch's Sons Hyattsville, Md.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 74250 CERTIFICATE OF DEATH 14255PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY Prince Georges o. STATE **b** COUNTY D.C. MARYLAND b. CITY OR TOWN (If autside corparate limits, c City OR TOWN (If autside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 36 write RURAL and give nearest tawn) 709 days Washington Glenn Dale (rural d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d. STREET ADDRESS IS RESIDENCE pe reliuires that the death certificate be executed within 24 ON A FARMS, 141 Anacostia Rd., S.E. Glenn Dale Hospital NO 3 NAME OF Middle 4 DATE Month Year DECEASED OF L. Berwy 10 20 67 Anna (Type or print) DEATH remove car S. SEX 6 COLOR OR RACE B. DATE OF BIRTH IF JNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED AGE (In years last Birthday) Manths Hours 4/4/88 White and in any MXXXX F WIDOWED X DIVORCED 10o. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT please COUNTRY? INDUSTRY attending physician termit. Then please Lacy Springs, Rockingham, 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME or removal, Margaret Virginia Earman Joseph K. Summers WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address permit. (Yes, no, or unknown) (If yes give war ar dates of service) 946-71-0016 Decedent burial, crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) burial-transit PART ! DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (6) Pulmonary embolism. signed by DUE TO Canditians, if any, which gave (b) rise to immediate couse (a), **DUE TO** stating the underlying cause Carcinoma, right kidney, resected 8 mo. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Pulmonary tuberculosis, moderately advanced WAS AUTOPSY PERFORMED? NO A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) Hour 'o.m. factory, street, office blda., etc.) Not While of work at wark 21. I certify that (M (this haspital) attended the deceased from 19 65 to 10/20/19 67 that XF (we) last be retained and that death accurred a3:00P M, from causes and an the date stated above. TO FUNERAL DIRECTOR: 10/20/ 1967 saw the deceased alive on. 22g. SIGNATURE 22b. DATE SIGNED 10/20/67 director, page 3 shauld be filed v M.D. DIRECTOR 22d. ADDRESS Glenn Dale Hospital O HOSPITAL 22c. PHYSICIAN'S Moe Weiss, M.D. NAME (Type) Glenn Dale, Maryland 23o. BURIAL CREMATION, 23b. DATE THEREOF 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) QURIAL 24. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14256 death funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY o. STATE **b** COUNTY The law requires that the death certificate be executed within 24 haurs after Prince Georges MARYLAND odd papers. Pages I b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ Glenn Dale (rural) 4 months Washington." d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) .⊑ d STREET ADDRESS IS RESIDENCE ON A FARM? filled Glenn Dale Hospital 1926 11th St., N.W. NO EN YES 3. NAME OF First Middle de tarban pod Lost DATE Month Year Dov DECEASED (Type or print) Mattie Blow October DEATH 19 67 S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED phypqoh) Months physician and connection Hours and in any N WIDOWED DIVORCED 12/25/04 10e USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
domestic INDUSTRY COUNTRY? unknown N.C. MSA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, offending phyunknown Julia Foster 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. no unknown decedent signed by the c burial-transit p INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Bilateral bronchopneumonia (10 days) with super-ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. imposed pulmonary embolism DUE TO thrombosis inferior vena cava) unknown Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the Fracture of the odontoid process with resultant 10 months 9 WAS AUTOPSY PERFORMED? YES AUTOPSY YES AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use Health Focal encephalomalacia certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20c TIME OF INJURY Month, Dov. Year (City or town) (County) (State) Hour o.m. foctory, street, office bldg, etc.) Not While TO FUNERAL DIRECTOR: After 21 | certify that (1) (this haspital) attended the deceased from 5/31/, 1967 , to 10/1/, 1967, that (X) (we) last 2 be filed with the 10/1/ 1967, and that death accurred at 10:06PMram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS. TO HOSPITAL Page 4 may 1 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Moe Weiss, M.D. Glenn Dale Hospital Glenn Dale, M.D. director, 23b DATE THEREOF 23c NAME OF CEMETERY COLUMNIA BURIAL CREMATION. 23d. LOCATION (City or Town REMOVAL (Specify) 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 256. REGISTRAR S SIGNATURE VR A15 (4) 1967



1252

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1425

CERTIFICATE OF DEATH

2, USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND FAIRFAX PRINCE GEORGES b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) AFB ANDREWS 106 davs ALEXANDRIA d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION MALCOLM GROW USAF HOSPITAI YES NO 12 ARGYLE AVENU NAME OF Middle 4. DATE Month Year BERTHA MASON DEATH (Type or print) BOATNER OCTOBER 30 1967 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 7. MARRIED 1 NEVER MARRIED 1 last birthday) Days Months Hours CAU WIDOWED [7] DIVORCED [Jan 1910 10a. USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 1)1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working tife, even if retired) HOUSEWLFE NA NEW ORLEANS. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JACOB ALLEN GORMAN EDITH PEAKE N. U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address ΝO HUSBAND 302-40-8212 SAME AS 18. CAUSE OF DEATH [Enter only one cause per-line far (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES 🕢 NO 🗌 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (Cily or lown) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Nat while at work at work p. m. 21 | certify that (!) (this haspital) attended the deceased fram._ 19.62.7 that (1) (we) last Quand that death accurred at A.M. from the causes and on the date stated above 07 19 saw the deceased alive an. 22a SIGNATURA 22h DATE SIGNED ATTENDING Oct M.D. 22d. ADDRESSMal 22¢ PHYS CIAN'S colm Grow USAF Hospital Andrews AFB. Wash DC 20331 23a, BURIAL, CREMAT ON | 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or caunty) (State) REMOVAL (Specify)
Burial 11-1-67 Arl. National Cemetery Arlington, Va. 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25g, REC'D BY REGISTRAR 125b REG STRAR'S S GNATURE heally Then Stone Alex. , Va.

VR A15 (4) 15M 9/59

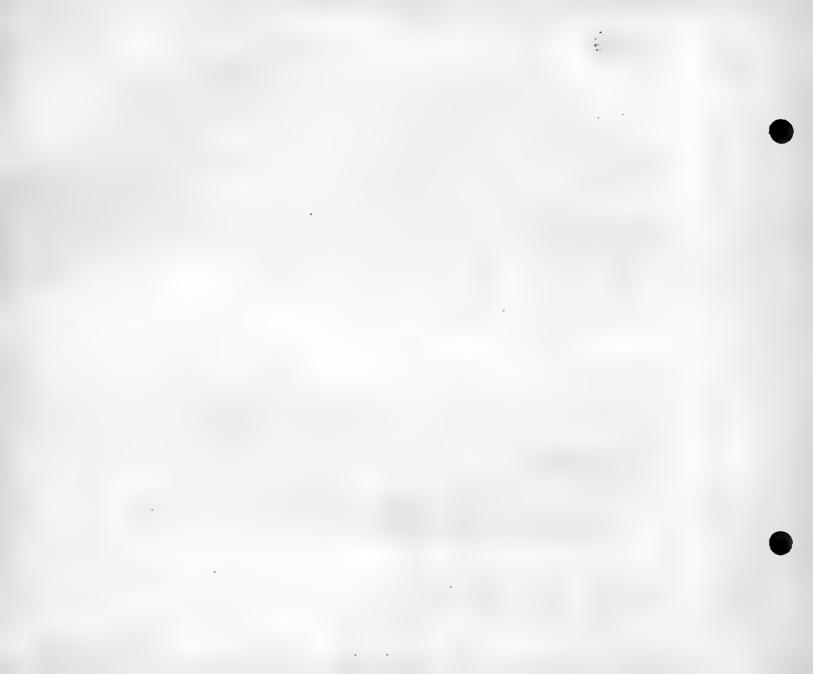
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Prince Georges MARYLAND 24 haurs after b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Washington Riverdale d. STREET ADDRESS 8 IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 906 Assen Street N. J. Leland Memorial Hospital YES T NOXEX requires that the death certificate be executed within 4 DATE Marth 3 NAME OF First Middle Las* Day Year DECEASED October 67 16 SAM BORAK 19 (Type or print) DEATH IF UNDER 1 YEAR IF JNDER 24 HRS 9. AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH NEVER MARRIED birthday) Months Days Haurs White Jan. 10, 1895 WIDOWED DIVORCED Male 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired)
Self Employed COUNTRY? INDUSTRY Merchant Russia 14 MOTHER'S MAJDEN NAME 13. FATHER'S NAME Saul Barak Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates af service) 217-32-2082 Hospital Records INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO ARREST NUETO PAIGUIGONITIS 4-5 DAYS ARDIAC Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause YEARN O FUNERAL DIRECTOR: After this certificate has been the ARTBRIOSC LAROSIS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO X ğ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af Item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour om. factory, street, affice bldg., etc.) Not While O HOSPITAL OR ATTENDING at wark 21. I certify that (I) (this haspital) attended the deceased fram____ 100. 10, 1959, to 15 Oct., 1962, that (1) (we) last CT. 1967, and that death accurred 12:43 MM, fram causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22a, SIGNATURE **ATTENDING** STAFF PHYS. 10-16-1967 M.D. director, page should be filed 22d. ADDRESS 905 Sheridan Street 22c PHYSICIAN'S NAME (Type) Chillum Wolfe, Terrace. Maryland Henry 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23o BURTAL CREMATION. 23b DATE THEREOF (State) REMOVAL (Specify) Beth Sholom Cemetery Capitol Heights 10-17-67 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 1967 OCT 20 Goldberg Funeral Home 4217 9th St., N.W. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film #6391 10/27/37 bb 14259 CERTIFICATE death. 24 hours after death rely filled in by the funeral road of gapers. Pages 1 and 2 within 72 hours after death ond PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Prince Georges **MARYLAND** Prince Georges b EITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Landove r Cheverly 7 days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Sletphyfilled Karban gape 1923 Bel Haven Drive #201 NO Prince Georges Ceneral Hospital The law requires that the death certificate be executed within NAME OF Middle Lost 4. DATE DECEASED (Type or print) Marv Ε. Bowling DEATH 19 67 Oct. SEX B DATE OF BIRTH IF JNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years 7907 remove lost birthdoy) Hours and in any Female Colored WIDOWEDXXX DIVORCED 2/25/1900/ 10o US JAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working I fe, even if retired) INDUSTRY **COUNTRY?** U.S.A Baltimere, Maryland
14. MOTHER'S MAJDEN NAME Hausewife

13. FATHER'S NAME Nane signed by the attending physi burial-transit permit. Then pl burial, crematian, ar removal, Henry Edward Douglas Matilda M. Berry 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) ((If yes give wor or dotes of service) Mrs. Zelda S. Clark - 1923 Belle Haven Dr. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH Acute myocardial infarction IMMEDIATE CAUSE (o) DUE TO Severe stenosing coronary arteriosclerosis Conditions, if any, which gove 3 use to immediate couse (a), **DUE TO** stating the underlying couse Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept, af Health prior ta (c) 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES TON NO 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (State) (County) foctory, street, office bldg . etc.) Hour o.m. Not While OR ATTENDING of work 21. I certify that (4) (this hospital) attended the deceased from Oct. 10, 1967, to Oct. 18, 1967, that (4) (we) last director, page 3 shauld shauld be filed with the saw the deceased alive an Oct. 18, 19 67, and that death accurred at 8.50AM, from causes and an the date stated above. 22o SIGNATURE 22b DATE SIGNED STAFF 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Fidel Ouintana, M. D. Prince Georges General Hospital 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BUR AL, CREMATION (County) (Stote) REMOVAL (Specify) Harmony Memorial Park Prince George, Maryland 2 Buriel 10-24-67 24 FUNERAL DIRECTOR 25o, REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 14261 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4256 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Page 0 2 g. Maryland Prince George s
b. CITY OR TOWN (I outside corporate limits, MARYLAND Prince George's delay (C) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 010 write RURAL and give nearest town) Hvattsville DOA Cheverly e S RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (of not in hospital, give street address). icate, writing the ward "pending" in pencil 'n Item 18. Give Pages be farwarded ta the Chief Medical Exominer's Office alang with fad YES NO □20 6816 Redtop Rd. Give Pages pages I and 2 with the State Prince George's General Hospital haurs after death NAME OF DATE Month Middle Year DECEASED 26 10 (Type or print) Cecelia Brady DEATH Apnes (n yeors IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Hours within 72 haurs after death. WIDOWED DIVOR (ED White 8 Oct. Female 12 CITIZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 11 BIRTHPLACE (State or Foreign country) COUNTRY ? diting most of working ite, even if retired) LONG ISLAND NEW be executed within 24 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM DEL/A DOHOU G-F 17 INFORMANT 16 SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? DALTON, YENNA (Yes, no, or unknown) (If yes give wor or dates of service JANK M. UNKNOWN INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH event IMMEDIATE (AUSE (a) Liver failure This certificate shauld DUE TO Cirrhosis of liver bver 4 vrs. any (Conditions, if ony, which gove nse to immediate couse (a), = DUE TO stating the underlying couse ono lost. be used 19. WAS AUTOPSY PERFORMED? ar removal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION please execute the certificate, NO DO 20o EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item IB) 3 shauld PRIMARY CONTRIBUTING C Page 4 shauld CAUSE OF DEATH. MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form (City or town) (Stote) (County) 20c TIME OF N.JRY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While 5 may be retained far yaur O FUNERAL DIRECTOR: Page of work L Inspection . inquiry 🔀 . 21 I certify that I took charge of the remains described above, held on Autopsy , and in my opinion Health prior to burial, Naturat kauses, x Avtident Suicide . Homicide death resulted fram-Undetermined manner the funeral directar. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 10-27-67 Riverdale, Md. Kehoe, M.D. NAME (Type) John Address (Street, city, town, or county) 23d LOCAT ON (City or Town) (Stote) STIJOHNS CEMETERY OUNI Go RIVERD 250 RECD BY REGISTRAR VR A15ME (5) VONTAD 1967 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14262 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Prince George's b. COUNTY MARYLAND Prince George's 6 CITY OR TOWN (If outside corporate imits, c CTY OR TOWN (If outside corporate limits, write RURAL and give nearest rown) C LENGTH OF STAY IN 16 write RURAL and give nearest tawn) 48 days Landover Hills Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? Prince George's General Hospital 4202 72nd. YES NO THE be executed within 24 hours ofter death 8 Give Pag 3 NAME OF 4 DATE last Month DECEASED (Type or print) Albert Braund DEATH 8 DATE OF BIRTH 9 AGE (In years the certificate, writing the word 'pending' in pencil in Item 18 Gi 4 shauld be forwarded to the Chief Medical Examiner's Office alon, 6 COLOR OR RACE 7 MARRIED NEVER MARRIED [last birthdoy) Manths WIDOWED DIVORCED in ony event within 72 hours ofter death White Male 10a USUA, OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN DE WHAT during most of working life, even if retired) INDUSTRY DISTRICT OF COLUMBIA 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME BRAUND UNKNOWN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT WAS BERTHAM. BRAUND.

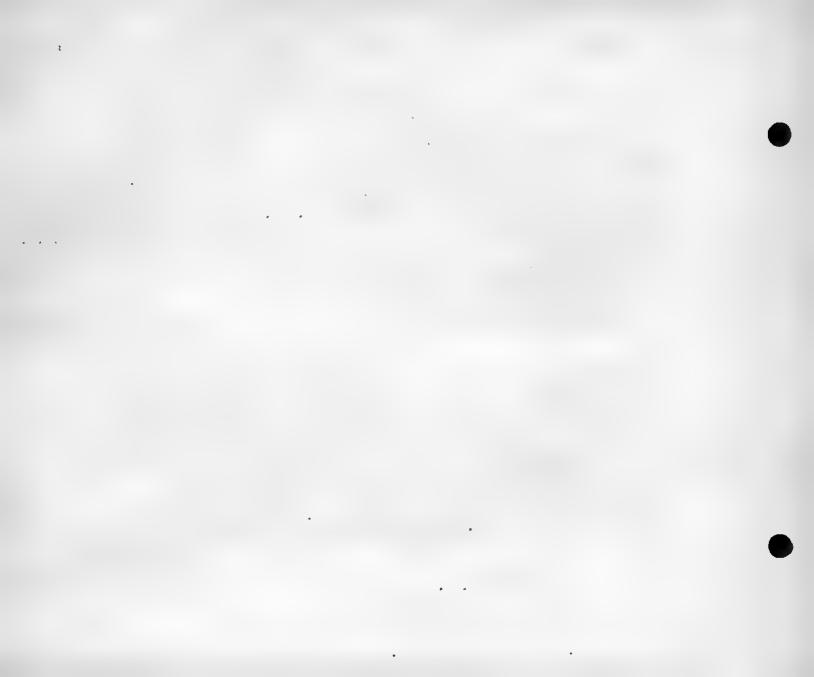
18 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT WAS, BERTHAM. BRAUND. LINKHOWK 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH burnol-transit IMMEDIATE (AUSE (a) Bronchopneumonia Due 10 3rd. degree burns of both legs (20% of body) 48 days Conditions, if only, which gove " rise to immediate cause (a), DUE TO stating the underlying cause be used 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) removol. NO X 2Da EXTERNAL CAUSE WAS 2Db DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part 11 of item 18.) 3 should PRIMARY Or CONTRIBUTING QL CAUSE OF DEATH Gasoline spilled on pants which caught fire. 2Dc TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home form, 20f (Cty or town) 19 67 While of work of work factory street, affice bidg., etc.) moy be retained for your FUNERAL DIRECTOR: Page 1.00rm pm 9-10-Home same as #2 21 1 certify that I tack charge of the remains described above, held an Autopsy 🗍 , Inspect on 🔀 , Inquiry 🔀 , and in my apinian Accident 50. Suic-de Hamicide Undetermined manner death resulted from Natural causes . CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 10-27-67 Riverdale, Md. John Kehoe, M.D. 5 moy 10 FOUNER Health Address (Street, city, town, or county) NAME (Type) 23¢ NAME OF CEMETERY OR CREMATORY FORT LINCOL REGISTRARS SIGNATURE VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH 18959 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14263 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY Page a burial-transit permit. File pages I and 2 with the State Department of Prince George MARYLAND b CITY OR TOWN (f outside corporate limits, CLENGTH OF STAY IN Th c CITY OR TOWN (if outside corporate imits, write RURAL and give nearest town) write RURAL and give nearest town) Washington (Clinton) Driving Thru d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Give Pages execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pagesy or Page 4 should be farwarded to the Chief Medical Examiner's Office along with for 660 Independence Ave. S.E. YES NO TH Rt. 5 nr Surrats Rd. This certificate should be executed within 24 hours after death 4 DATE OF DEATH NAME OF DECEASED (Type or print) 1/4 19 George Fred Bremier 10 7 MARRIED 9 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 8 DATE OF BRTH 6 COLOR OR RACE NEVER MARRIED Jost birthdoy)
35 yrs Months crematian, or remava , and in any event with:n 72 hours ofter death WIDOWED DIVORCED Sept 1932 II B RTHPLACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS NESS OR 12 CT ZEN OF WHAT during most of working life, even if retired)
Mathematician S. Navy Yard COUNTRY ? USA New York 13 FATHER'S NAME 14 MOTHER S MAIDEN NAME Margaret Krosenic George L. Bremier 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) Mary Bremier Same as # 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) NTER VAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE (ALSE (6) Burns 100% of body surface DUE TO Conditions, if any, which gave nse to immediate couse (a), DUE TO storing the underlying couse be used as 9 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO S 200 EXTERNAL CAUSE WAS PRIMARY 50 OF CONTRIBUTING 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port or Port II of item 18) may be retained for your files. FUNERAL DIRECTOR: Page 3 should CAUSE OF DEATH Driver of car involved in collision 20f (City or town) 20d -NJURY OCCURRED 20e PLACE OF NJURY (Home form. (State) 20c TME OF NUJRY Month, Day, Year (County) While Not While of work of work foctory, street, office bldg , etc.)
St. Rt. 5 Hour o.m. dlinton 8:20mm 8 14 19 67 P.G. Md. 21. I certify that I took charge of the remains described obove, held an Autopsy , Inspection , Inquiry x, ond in my opinion Bealth prior to burial, death resulted from Notural causes , Accident Suicide , Homicide , Lindetermined monner the funeral directar CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE 10-15067 DEPUTY MEDICAL EXAMINER **EXAMINER'S** ookh Kehoe, M.D., Riverdale, Md. Address (Street, city, town or county) NAME (Type) 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote) 0 REMOVAL (Specify)
Burial Washington Natl. Cem. Suitland 10/17/67 Pr.Geo. 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIR VR ALSME . Wm. Lees Sons, 300 4th St., NE, Wash. DC DANCT



1. 00001

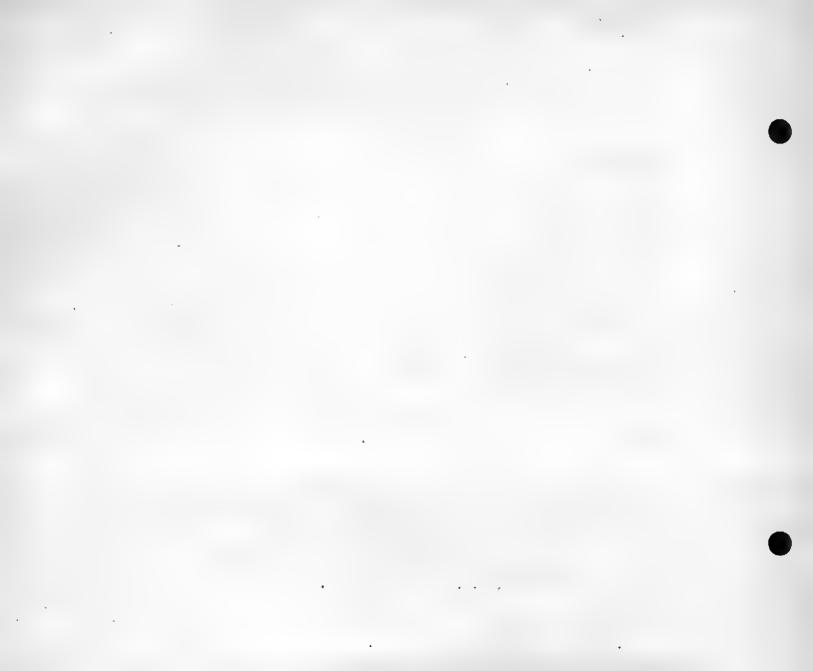


M	h. •	Items 18, 21 film 398 MARYLAND STATE DEPARTMENT OF HEALTH							
Jane 1		2 Division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201							
	FOR STATE()	14260 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14264							
	HEALTH DEPTY	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, finistitution. Residence before odmissi	on)						
11.	of de is	o. COUNTY Prince George's MARYLAND Maryland Prince George's Maryland Prince George's							
	delay is and 3 to M3. Page tment of	b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	del del M3.	write RURAL and give nearest town							
	f any delay is 1, 2, and 3 ta m PM3. Page Department of	Cheverly DOA Camp Springs d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESI	DEMCE						
	二一年 中に	I UN A F							
	s after death If 18. Give Pages I s along with fa twith the Stare D th.	Prince George's General Hos, ital 6009 Allentown Road YES	Light						
	34 7	3. NAME OF First Middle Lost 4 DATE Month Day Ye DECEASED OF							
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(Type or print) Evelyn Elizabeth Buckler DEATH 10 26 19	67						
	naurs afte fem 18. Gr Office alan and 2 with death.	lost purtheray Months Days Hours	R 24 HRS.						
	118 ce	I EMALE WHITE WHOMED MY PROMED TO PROME	}						
	haurs Item 15 Office 1 and 2	10b USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR light BIRTHPLACE (State or foreign country) 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?							
	24 In II I's (House life Domestic Laryland USA							
	hin 24 ncil ın niner's pages Jrs afte	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME							
	I within 24 haurs on pencil in Item 18. Examiner's Office a File pages I and 2 w	Walter J. Ogden Alice M. Day							
	ed to the first fi	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address							
	xecuted nding* ír Medica! permit. within 72	(Yes, no, or unknown) (If yes give wor or dotes of service) No Helen V. McDonald (Sister) # 2.							
	e shauld be execut the ward "pending" ta the Chief Medica burial-transit permi- in any event within	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) NTERVAL BET							
	shauld be one word "per the Chief burial-transit on any event"	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intoxic ti n-ethyl alcohol ONSET AND I	DEATH						
	Page 4 8	1477 2 DUE TO							
-	we the	Conditions, if any, which gave) (b)							
67	te s the d ta d bu	rise to immediate couse (a), Stating the underlying couse DUE TO							
10	ficat ing rded as q and	last (c)							
		PART I OTHER SIGNIFICANT CONDITIONS CONTROL TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	OPSY						
2	This certicate, writh be farwa	PREFORM YES XX 20b. DESCR BE HOW INJURY OF CHIRRED. (Enter nature of union and part of Port III of Hem III.)	NO T						
	This cate, be far a labe u	20a EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port or Part II of item IB.)							
3	orcal Examiner: This se execute the certificate ctar, Page 4 should be feed for your files. ECTOR: Page 3 should be burial, cremation, or rem	E PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH							
	EXAMINER: cute the certifage 4 shaula yaur files. Page 3 shoula cremation, ar	S OO THE OF DIDN Had D. V	(State)						
7	th the most	Hour or p.m. 19 While of work of owork							
	AEDICAL EXA ease execute lirector. Page- tonned for your STRECTOR: Pago ta burial, crem		0.010100						
_	CAL E executor. Page 1 far CTOR: Purial, c	21 I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X], and in my death resulted from Noturo causes [X], Accident [], Suicide [], Hamicide [], Undetermined manner []	opilitun						
	Se se crita need need bur								
	MAR. I Pear direction of the price of the pr	CHIEF MEDICAL EXAMINER							
	AL AL	SIGNATURE ASSISTANT MED CAL EXAM NER DEPUTY MEDICAL EX							
	sany v p v p v p v p v p v p v p v p v p v	EXAMINER'S DEPUTY MEDICAL EXAMINER IX 10-28- NAME (Type) John Kehoe N.D. Riverdale, Naryland Address (Street, city, town, or county)							
	deoth resulted from. Noturol suses X, Accident , Suicide , Homicide , Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Kehoe M.D. Riverdale, Naryland Address (Street, city, town, or county) 230 Blur AL, (REMATION, REMOVAL (Specify) Oct. 30–1967 Resurrection Cel. Stery Clark Color of County (Signature) Color of County (County) (County) (Signature) Color of County (County) (Coun								
	Resurrection Centery Clinton, Maryland								
	Burial Oct 30-1067 Resurrection Cellitery Clinton, Naryland ADDRESS 250 RECTORY REGISTRAR 250 RECTURAR'S SIGNAT								
	VR A 15ME (\$	Account of the Company of the Compan	ye.						
	W O. W.	Si. mons Bros. 1661- Good Hope Rd SE. Wash., DC DATE UL 30 150							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14265 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY Prince Georges MARYLAND b CITY OR TOWN (If outside corporate mits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (rural) 3mos.,24days Washington d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 5021 Ayers Pl., S. E. Glenn Dale Hospital, Glenn Dale, Md. on on with in YES → NO 🗷 NAME OF Middle First 4 DATE Month Doy DECEASED (Type or print) physician and completely en please remove corbo 19 67 Alice 10 K. Bundy DEATH SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE { n years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** remove lost birthdoy) Months Hours signed by the attending physician and co buriol-transit permit. Then please remov buriol, cremotion, or removal, and in any o 3/13/1898 N WIDOWED T DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 17 8IRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT ? TNDUSTRY during most of working life, even if retired) USA ? Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Parker Charlie Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) 577-26-2268 Decedent 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED 8Y: INTERVAL BETWEEN RENAL FAILURE IMMEDIATE CAUSE (o) attending physicion. Conditions, if ony, which gove 10 CHRONIC RENAL FAILURE rise to immediate couse (o), DUE TO ficate has been s for use as the b f Health prior to b stoting the underlying couse (1) HRTERIOLAR NEPHRO-SELEROSIS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPS PERFORMED? this certificate h detached for use te Dept. of Health YES INO HYPERTENSIVE CARDIO WAS CULAR DISEASE IN ARTERIO. SCLEROTIC H DIS 200 ACCIDENT WAS JNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour to m. foctory, street, office bldg , etc.) Not While 10 FUNERAL DIRECTOR: After at work 21 I certify that (\$\psi\$ (this haspital) attended the deceased fram-saw the deceased alive an 10/27/ 19 67, and the 10/27/, 1967, that #\$) (we) last 19 67 . ta be retained and that death occurred at1:45PM, from causes and on the date stated obove. saw the deceased alive an 22o SiGNATURE 225 DATE SIGNED ATTENDING STAFF 10/27/67 DIRECTOR K M.D. PHYS director, page should be filed 22c. PHYSICIAN'S 22d ADDRESS Dale Hospital, Glenn Dale, Md. Poge 4 moy Moe Weiss, M. D. NAME (Type) 230 BUR AL CREMATION (Stote) REMOVAL (Specify)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14267 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ~4263 FOR PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY o. STATE any delay is Page Prince George MARYLAND Prince George b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate amits, write RURAL and give nearest town) PMAS write RURAL and give nearest town) Hyattsville d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) DOA d STREET ADDRESS B IS RESIDENCE ON A FARM? please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, director Page 4 should be forwarded to the Chief Medical Examiners Office along with farm 94 Prince George Hospital burial-transit perm t. File pages tand2 with the State Quincy St. YES NO -24 hours after death NAME OF Middle First 4. DATE DECEASED (Type or print) DEATH Kenneth Earl Canterbury IF UNDER 1 YEAR S. SEX 9 AGE (In years E UNDER 24 HRS 6 COLOR OR RACE 7. MARR ED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Months Hours in any event within 72 hours after death. 21 April 1923 WIDOWED DIVORCED 100 LSUAL OCCUPAT ON (Give kind of work done IDD KIND OF BUSINESS OR 1) B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life leven if retired) COUNTRY? INDUSTRY west Virginia construction Carpenter
13. FATHERS NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed with n Alla Alliff Benjamin Canterbury IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 7 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Edna L Canterbury Hyattsville, Md. Yes 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSEL AND DEATH Heart failure IMMEDIATE CAUSE (o) 4200 DUE TO Conditions, if any, which gove) Arteriosclerotic heart disease over nse to immediate couse (a) DUE TO stating the underlying couse be used 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) cremation, ar remayal, YES -NO "X 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of mury in Port or Port II of Item 18) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH (Stote) 2Dc T.ME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home form, (City or fown) (County) Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page pt work 21 | certify that I taok charge of the remains described above, held an Autopsy | , Inspection 1x. Inquity 😿 and in my apinion Health prior ta burial, Natural causes 20. Suicide death resulted fram Acudent | Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER John Kehoe, M.D., 10-22-67 **EXAMINER'S** Riverdale, Md. Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) 230 BUR AL CREMATION W. Va. KENGAN (Selith) Oct.26,1967 Huse Memorial Cemetery Fayetteville 2Sb REGISTRAR'S SIGNATURE 2So RECD BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR VR A15ME (5) Misulas Judge F. Gasch & Sons, Hyattsville, Md. DATE OCT 2 5 1967 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 44264 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY a. STATE b. COUNTY ony delay is 1, 2, and 3 to p. P.M.3 Page ote-Dapoitment of Prince George's Maryland Prince George's MARYLAND b CITY OR TOWN (f outside corporate limits c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN ID write RURA, and give nearest tawn) Cheverly DOA Highland Park d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS e S RESIDENCE ON A FARM? please execute the certificate, writing the word 'pending' in pencil in Item 18. Give Pages 1, director. Page 4 should be forwarded to the Ch ef Medical Exominer's Office along with form Prince George's General Hospital 1102 69th. Avenue YES NO EXC be executed within 24 hours after death 3 NAME OF Middle Last 4 DATE Day DECEASED Jeremiah Franklin 10 (Type ar print) Charman DEATH Jerry 5 SEX 9 AGE (In years F UNDER 1 YEAR IF ... NDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BRIH lost birthdoy) Manths Haurs event within 72 hours after death. WIDOWED DIVORCED [17 July 1909 Male Negro 10o, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12 C TIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHERS NAME MARUIANCE 14 MOTHER'S MAIDEN NAME IS WAS DECEASED EVER NUS ARMED FORCES? INFORMANT THE SOCIAL SECTION NO. Address (Yes, no, or yaknown) (If yes give wap ar dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) INTERVAL BETWEEN onset and death PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Pulmonary embolus This certificate should DUE TO Thrombophlebitis of left leg over 10 mo. in any Conditions, if ony, which gove) rise ta immediate cause (a). DUE TO stating the underlying cause be used 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION GIVEN IN PART I(g) cremation, or removal, NO 3 Pulmonary emphysema - over 10 months 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) 3 shauld PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 7 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form 20f (City or town) (County) (Stote) 20c TIME OF INJURY Month Day, Year Not While factory, street, office bldg., etc.) While at wark at wark 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry 😿 , ond in my opinion DIRECTOR: prior to burial, death resulted from: Natural causes X. Accident . Suicide Homicide Undetermined manner the funeral director. be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER ... EXAMINER'S NAME (Type) Riverdale Md. 10-26-67 John Kehoe, M.D. Mealth Address (Street, city, town, or county) 230 BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) 0 pameny 25b REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24 J FUNERAL DIRECTOR VR A15ME 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 44265 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1.1269 HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY Prince George's Maryland MARYLAND Prince George's delay b CITY DR TDWN (tf autside carparate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside carparate limits, write RURAL and give nearest town) C LENGTH DE STAY IN TH DOA Oxon Hill Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A EARM? 19 mul 6310 Dudley Street Give Poges Prince George General Hospital YES □ NO □ hours ofter death the certificate, writing the word 'pending'' in penal in Item 18. Give Pog 4 should be forworded to the Chief Medical Exominer's Office along with 3 NAME OF Middle 4 DATE tas1 Month DECEASED OF (Type or print) William Claspell Sr. DEATH 6 COLOR OR RACE 7 MARRIED T 8. DATE OF BIRTH F UNDER 1 YEAR IE . NDFR 24 HRS NEVER MARRIED 9. AGE (n years lost birthday) Months Dravs ony event within 72 hours ofter deoth. WIDOWED DIVORCED June 1894 73 White Male 100 USUA, OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **NDUSTRY** This cert ficote should be executed within 24 Aruncel Surply Corp. Tenn. Operating Engr. 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME William J. Claspoll Unknorm 15 WAS DECEASED EVER IN U.S. ARMED EDRCES? 16 SOCAL SECURITY ND 17 INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) Florence E. Olappell S me as Item # 78 01 4112 INTERVAL BETWEEN
DISET AND DEATH
MINUTES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Heart failure DUF TO Arteriosclerotic heart disease dver 2 wks. Conditions, if any, which gave 3 rise to immediate cause (a). Ξ DUE TO stating the underlying couse 3 should be used 19 WAS AUTOPSY PERFORMED? PART II DIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) NO X 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port L or Part L of Item 18.) CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm. (City or fawn) 20c TME OF NJURY Month, Day, Year (County) factory, street, affice blda, etc.) moy be retoined far your FUNERAL DIRECTOR: Poge Whe at work of work 2). I certify that I taak charge of the remains described above, held an Autopsy 🗍 , Inspect on 🗽 Inquiry 🕵 , and in my apinion the funeral director. Natural causes 🔀 Accident 📗 Suicide 📄 Hamicide 📗 Undetermined manner death resulted fram 5 moy be retoine TO FUNERAL DIRE Health prior to b CHIEE MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Riverdale, Md. 10-30-67 John Kehoe, M.D. Address (Street, city town or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THERED? 230 BURIAL, CREMATIDA (County) REMOVAL (Specify Cerar Hill C metery 250 RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15ME (5) Acharles Judge Bros. 1601-Good Hope Rd 32 W sh DC



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14268 CERTIFICATE OF DEATH 14270 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Georges
b (ITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) District of Columbia MARYLAND. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington Rural (Glenn Dale 5 mo. 10 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? eq. 1616 17th Place, S.E. YES NO TO Glenn Dale Hospital 3 NAME OF Middle Lost 4. DATE Month pan Doy Year by the attending physician and completely transit permit. Then please remove carban DECEASED William Thomas and in any event, (Type or print) Clayton Oct. 21 19 67 DEATH 6. COLOR OR RACE 7 MARRIED TY TIE JNDER 24 HRS 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED last birthday) Months Dovs Hours Caucasian WIDOWED DIVORCED March 8,1891 Malle 10o JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)

Unknown DISPATCHE COUNTRY? INDUSTRY North Carolina CONCRETE II.S.A 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal, John Clayton M.Frances Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCE S? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 577-10-5611 Hadley Hospital Washington, D.C. cremation, No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH Pulmonary embolism IMMEDIATE CAUSE (o) DUE TO signed Conditions, if any, which gove (b) cerebrovascular accident with right hemiparesis rise to immediate couse (a), DUE TO stating the underlying couse the has been hypertensive and arteriosclerotic cardiovascular unknown QS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? Pulmonary emphysema and fibrosis NO TO YES [this certificate ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING [7] 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 2Ge PLACE OF NJURY (Home, form, 20c, TIME OF INJURY Month, Doy, Year (City or town) (County) (State) Hour 'a.m. factory, street, office bldg, etc.) Not While Page 4 may be retained by the FUNERAL DIRECTOR: After at work 19 67, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 67 ta 10/21 director, page 3 should should be filed with the saw the deceased alive on. 10/21 1967, and that death accurred at 8:00 M, from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED M.D. Oct. 21. DIRECTOR PHYS. 22c PHYSICIAN S 22d ADDRESS NAME (Type) Moe Weiss. M.D. GlennDale Hospital, Glenn Dale, Mabyland BUR AL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230. (County) (Stote) REMOVAL (Specify) FT. LINCOLN CEM BLADENSBURG RECIAITE HYY 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b REG STRAR S SIGNATURE



1	2-15-(8 mt DIVISION OF VITAL RECORDS, 301 W. PRESTO		14271					
FOR STATE		CERTIFICATE OF DEATH	1.1991					
Peges 1, 2, and 3 to HEATH PM3 Page HIPPH PM3 Page Liefe Department of ATH PM5 PM6 HIPPH PM6	Place Of DEATH a. COUNTY Prince George's MARYLAND b CITY OR TOWN (if outside carporate mits, write RURAL and give nearest town) Lanham d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) Wooded area off Bell Station Road 3 NAME OF BECKSED	2 USUAL RESIDENCE (Where deceased lived, if institution Resider o. STATE b. COUNTY Naryland Prince Geo c. City OR TOWN (If autside carparate limits, write RURAL and g.v. Lanham d. STREET ADDRESS Bell Station Road Last 4 DATE Manth OF DEATH 10 8 DATE OF BIRTH 19 AGE (In years IF LNDER	orge 1s e nearest town) e 5 RESIDENCE ON A FARM? YES NO E Day Year 30 19 67 1 YEAR IF UNDER 24 HRS					
	Female Thite WIDOWED DIVORCED	Glenn Dale, Md.	Days Haurs Min. TIZEN OF WHAT JUNTRY ?					
ithin encil mini pog		14. MOTHER'S MAIDEN NAME						
d be executed within 24 of "pending" in pencil in Ch'ef Medicol Examiner's fronsit permit. File pages ievent within 72 hours often	Cleveland Beall Vida Narvey 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Linknown) (If yes give wor or dates of service) 220 32 5348 O E Conwell Jr Lanham, Md.							
ficate shacing the worded to the so a buriolond in any	18 CAUSE OF DEATH (Enter on y one cause per line for (a) (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (a), storing the underlying cause Last Cause OF DEATH (Enter on y one cause per line for (a) (b), and (c) Intoxication Dori	i len	INTERVAL BETWEEN 3 ONST AND DEATH 3 days					
his certificate for write for for warite for warite for ware be used emovel, o	PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 200 EXTERNAL CAUSE WAS PRIMARY OF OR FATH CAUSE OF PEATH Froze while in we		19 WAS AUTOPSY PERFORMED? YES NO					
/= 70	200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. Troze while in wo	.(Enter noture of Jupry in Port Lo: Part J of Hern 18)						
XAMIN tre the ge 4 sh your fill your fill	Haur a.m. 10-26 167 While Not While & far	ctory, street, office bldg., etc.) Woods Lanham PG	unty) (State) Md					
necessory, please execute the certificate, writte funeral director. Page 4 should be farwa 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used Health prior to buriol, crematian, or removel,		eld an Autapsy 🕵 , Inspection 🔀 Inquiry 🔯 , cide 🔝 , Ham cide 🔝 , Undetermined manner [CHIEF MEDICAL EXAMINER [and in my apinian					
o DEPUTY MEDICA necessory, please ex the funeral director. 5 may be retained to 5 FUNERAL DIRECTO Heolth prior to burio	ACTUAL SIGNATURE EXAMINER'S	M D ASSISTANT MEDICAL EXAM NER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED					
o DEPUTY necessory, the funero 5 may be 7 FUNERA Heolth prin	NAME (Type) John Kehoe, N.D. Riverdale, Mc 230 BUR AL, (REMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR		10-31-67					
5 = = 2 = 5	Burial Nov 3, 1967 Ft Lincoln (Cemetery Colmar Manor Pro						
VR A15ME (5	F. Gasch's Sons Hyattsville, Md.	DATENOV 2 1967 golovi						



/ 1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	12263 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14272
HEALTH DEPT/R	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
200 = (//	A COUNTY D STATE D CO., NTY
2, and 3 to PM3. Page	Prince George's Md MARYLAND Maryland Prince George's C LENGTH OF STAY IN ID C CITY OR TOWN (If outs de carparate limits, write RURA, and give nearest tawn)
del and M3.	write RURAL and give nearest tawn)
Pa 22 y	Cheverly DOA District Heights d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS_RESIDENCE
if cmy form Pl	ON A FARM?
	Prince George General Hospital 33 Maryland Avenue YES NO X
Pa Pa	DECEASED
hours after death item 18 Give Page Office along with I lama2 w th the Satt	
8 = 5	last birthday) Months Days Haurs Min
hours of Irem 18 Office ald Iamá2 w ir death	Female White WDOWED DIVORCED 31 Jan. 1913 54 yrs
hoo Officer of the standard of	10b KIND OF BUSINESS OR during most of working life, even if retired) 10b KIND OF BUSINESS OR SURPLIANCE (State or fareign country) 11 BIRTHPLACE (State or fareign country) 12 C TIZEN OF WHAT COUNTRY? USA
thin 24 not in niner's pages urs affe	
thin nine pag	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
l wif n pe Exan File 2 hou	Edward Boniface Margaret Madden
xecuted nding" in Medical E permit. F	15 WAS DECEASED EYER IN J.S. ARMED FORCES? (Yes, no. gr unknown) (If yes give war ar dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Joan Komatsoulis 11002 Phillip Dr. Md.
ecu l'ing edic erm	
	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY. ONSET AND DEATH
should be (ne ward 'per a the Chief. burial-transit	IMMEDIATE (AUSE (a) HEAPT TAILURE INLINUES
vuld vard te C	DUE TO Hypertensive arteriosclerotic heart disease over 1 year
sho e w e w an an	Conditions, if any, which gave (b)
frate shouling the warded to the	stating the underlying cause DUE TO
ifico ting rde rde as	(c)
EXAMINER: This certificate, writing 4 should be farwar your files. Page 3 shalld be used cremation, at removal,	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
h s a ate, e fai	YES NO DE
<u> </u>	20a EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part Lar Part Lafitem IB) EXAMPLE 10b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part Lar Part Lafitem IB)
INER: The certification of the	CAUSE OF DEATH
breat Examiner: This se execute the certificate, star. Page 4 should be found for your files. ICTOR: Page 3 should be unbur of, cremation, ar remo	PERFORMED? YES NO X 20a EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH Hour a.m. 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part Lar Part Laf item IB) 20c TIME OF INJURY Manth, Day, Year Hour a.m. 20d N.J.RY OCCURRED While Not While Goldary, street, affice bldg., etc.) PERFORMED? YES NO X (County) (State)
XAM ute th your your Page	Hour a.m p.m. 19 While of work of work factory, street, affice bldg., etc.)
IL EXA xecute Page far you DR: Pag	21. I certify that I took charge of the remains described above, held on Autopsy [], Inspection [X], Inquiry [X], and in my opinion
MEUTAL EXAM please execute transcribing director. Page 4 retained for your DIRIICTOR: Page in to but of, creman	deoth resulted from Natural causes 🔀 Accident 🛴 Suicide 🔲 Homicide 🔲 Undetermined monner
MEATCA lease ex directar. stained f DIRECTO	CHIEF MEDICAL EXAMINER
UTY MEDICA iory, please or iory director be retained IRAII DIRIICT	ACTUAL SIGNATURE
RAIL Pro	EXAMINER'S Tables Malara No. 2. 67
TO DEPUTY An necessary, planetal the funeral of 5 may be refuned to the management of the management o	Name (type)
V Hear	230 BURIA. (REMATION, 23b DATE THEREOF 23c NAME OF (EMETERY OR CREMATORY 23d LOCATION (City or Fawn) (County) (State)
- Mak	Buraal 10/4/67 Cedar Hill Cemetery Suitland, Prince Georges, Md
VR A15ME (S)/	24 FUNERA. DIRECTOR Robert E. Wilhelm Funeral Home 250 REC D BY REGISTRAR 255 REC D BY REGISTRAR 3 S GNAT RF
6M 1/67	4308 Suitland Road, Suitland, Maryland 1016 1967 July



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4 4 2 6 3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, f institution; Residence before admission) a. COUNTY o. STATE Maryland Page 0 Prince George's MARYLAND Prince George's deloy (7) b CITY OR TOWN all auts de carparate limits, write RURAL and give nearest town) C LENGTH OF STAY N 1b c CITY OR TOWN (f outside corporate im ts write RURAL and give nearest tawn) pup M3. five days Riverdale Cheverly a NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE e, writing the ward "pending" in pencil in Item 18. Give Pages 1, farworded to the Chief Medical Examiner's Office along with form ON A EARM? be executed within 24 hours ofter death. If 6118 62nd Place Prince George's General Hospital YES NO DO 3 NAME OF 4 DATE Year Day DECEASED 27 19 67 (Type or print) Homer Warren Corso DEATH 10 IF UNDER 24 HRS S. SEX B DATE OF BRITE 9 AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRED X 49 birthday) NEVER MARRIED Manths Days Haurs in ony event within 72 hours ofter death. 4-26-18 white WIDOWED male DIVORCED pages land2 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) US A INDUSTRY Retired claim examiner U S Government Washington D. C. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Laura M Mattei Andrew Corso 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED EORCES? 16 SOCIAL SECURITY NO Address (Yes, no ar unknown) (If yes give war or dotes of serv ce 221 07 8413 Riverdale. Dorothy Corso Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: ONSET AND DEATH Cerebral infarction IMMEDIATE CAUSE (a). This certificate should DUF TO Conditions, if ony, which gove Cerebral embolus rise ta immediate cause (a), DUE TO stating the underlying cause Mural thrombus of left ventricle cremation, or removal, PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? certificate, YES X overdose of Doriden NO F 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 18.) 3 should PRIMARY I or CONTRIBUTING IN EDITAL EXAMINER: CAUSE OF DEATH took overdose of Doriden at home 20c TIME OF N.JRY Month, Doy, Year 20e PLACE OF INJURY (Home, form 20f. (City or town) Hour am Whe Not Whe IX factory street office bldg etc.) FUNERAL DIRECTOR: Poge P.G. Md. Riverdale 8:00 m om 10-22 1967 | 21 I certify that I took charge of the remains described above, heid on Autopsy X. Inspection X, inquiry X and in my apinion Undetermined monner death resulted from Suicide 🗶 Notural couses . Accident Homicide funeral director be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER Heolth prior SIGNATURE 10-28-67 DEPUTY MEDICAL EXAMINER X EXAM NER'S Kehoe N.D., Riverdale, Maryland Address (Street city, town, or county) NAME 'Type' 230. BURIAL TREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Ft Lincoln Cemetery Colmar Manor Oct 30, 1967 Pro Geo Md. 24 EUNERAL DIRECTOR Hyattsville, Md. VR A15ME (5) Gasch's Sons 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14274 CERTIFICATE OF DEATH that the death certificate be executed within 24 hours after death I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b COUNTY PRINCE GEORGES

b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) MARYLAND PRINCE GEORGES MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 BRADBURY HEIGHTS ANDREWS AFB d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? stadod MALCOLM GROW USAF HOSPITAL NOVE YES 5110 S STREET 3 NAME OF First Mirista 4. DATE tast Day Year DECEASED event, Type or print) MAHRTECE COX DEATH BUGENE 7. MARRIED IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED: гетточе lost birthday) Months Days Hours and in any WEDOWED DIVORCED Nov 30 pup 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) physician c eose INDUSTRY COUNTRY? U3AF HSAF RED STAR. W. VA HEAL 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME ar remayal, JOSEPH ALEXAIDER FAV GRIMETT 17 INFORMANT S WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war or dates of service) 236-44-4586 signed by the atter burial-transit permi burial, cremation, a WIFE SAME AS #2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cardiac Arrest IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave Myocardial Infanction ase to immediate couse (a). DHF TO stoting the underlying cause as the has been last. PART II, OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? 10 FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached for use shauld be filed with the State Dept. af Health į NO [20g ACCIDENT WAS TINDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Haur o.m factory, street, office bldg, etc.) ATTENDING of work 26 Oct , 1967 , to 27 Oct , 19 6.7 that x1x(we) last 21 I certify that (3 (this haspital) attended the deceased fram____ be retained Oct- 6.719 and that death accurred at 2 . 0.41, from causes and an the date stated above. saw the deceased alive an 27 220 SIGNATUR DATE SIGNED ATTENDING M.D. PHYS. PHYSICIAN S 22d ADDRESS Grow USAF Hospital NAME (TypeLOUTS G. MARTIN, CAPT, USAF, MC 20331 Ancrews 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)
Arlingson, BURIAL AREMATION. (State) Arlington National CEMEVAt (Specify) 10-31-67 24. FUNERAL DIRECTOR TYLLO 250 RECD BY REGISTRAR DAY! CT 3 1 19 25h REGISTRAR'S SIGNATURE **ADDRESS** Home, Falle Chur VR A15 (4) Charle 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14275 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEARTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Department of Prince George's MARYLAND Prince George's Maryland b CITY OR TOWN (tf gutside carparate im ts. c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitside carparate limits, write RURAL and a ve negrest town) write RURAL and give nearest tawn) DOA Cheverly Edmonston d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Prince George's General Hospital NO Y 4906 Taylor Road YES pencil in Item 18. Give Page be executed within 24 haurs after death 3 NAME OF First Middle 4 DATE Last Manth Day Year pending" in pencil in Item 18. Give P ef Medical Examiner's Office alang wi DECEASED pages 1 and 2 with the Edith Culbert 10 20 67 19 [Type or print] DEATH DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS NEVER MARRIED birthday) last Manths Haurs within 72 haurs ofter death WIDOWED white DIVORCED female 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (State or foreign country) dusing most of warking life, even if retired) INDUSTRY COUNTRY ? BEAUTICIAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM MAUPIN 9 BERNICE SANTOS. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCAL SECURITY NO INFORMANT Address SAME ASX permit. (Yes, no, or unknown) (If yes give wor or doles of service) 05-8565 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY any event Metastatic Carcinoma IMMEDIATE CAUSE (o) writing the word 170 X This cert ficate should DUE TO please execute the certificate, writing the way Conditions, if ony, which gove : (b) Carcinoma of breast nse to immediate couse (a). and in DUE TO stoting the underlying couse ar remayal, PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM MAI DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? FICATION NO YES 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port L or Port L of item 18.) 3 shauld PRIMARY C or CONTRIBUTING C CAUSE OF DEATH cremation, 20c I.ME OF INJURY Manth, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fawn) (County) Haur a.m. Nat While factory, street, affice bldg, etc.) DIRECTOR: Page at work at wark Inquiry X, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion Matural causes, death resulted fram: Arcident Suicide Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED prior ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL 10-21-67 O DEPUTY necessary, DEPLTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Riverdale. Address (Street, city, town, or county) Ke (County) (State) 0 25g REC'D BY REGISTRAR EUNERAL DIRECTOR 2Sb. VR A15ME (5) 6M 1/67



d within 24 nous once in pencl in from 18. Give Pocesting from ner's Office along with form

Poge 4 should be forwarded to the Chief Medical Exominer's Office along wi

please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land2 with the

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

medical examiner's certificate of Death 14276												
1 PLACE OF DEATH 0. COUNTY					2 USUAL RESIDI	ENCE (Wh	ere deceosed v			before o	dmission)	
			MARYL	AND				b. cou Prince	e Geor	CA		
b CITY OR TOW	(If outside corporate limit	s,	c. LENGTH OF STAY IN	1b	c CITY OR TOWN	(If outsi	de corporate lim	its, write RU	RAL ond give	neorest to	own)	
	ond give neorest town)	-	DOA		U-m	ttsv	1770			16		
d NAME OF HOS	PITAL OR INSTITUTION (if n	of in hospito, give	e street oddress)		d STREET ADDRE	<u> </u>				e l'	S RESIDENCE	
							~			0	ON A FARM?	
NAME OF	nce George	General st	Hospital Middle		1 7614 Lost		ney Cou	rt. Mon				
DECEASED				Δ.		- 1	OF	10		Doy 14	Year 19 67	
(Type or pnnt) SEX	6 COLOR OR RACE	rene	Mae		ummings DATE OF BIRTH		DEATH				19 67 UNDER 24 HRS	
	6 COLOR OR RACE	7. MARRIED		<u> </u>			- lad	(In years birthdoy) yrs			Hours Min	
F'	W	WIDOWED	DIVORCED		15 Dec.,				<u> </u>			
Jo. USUAL OCCUPAT uring most of worki	ON (Give kind of work done ng life, even if retired)	1 105 KIND	105 KIND OF BUS NESS OR		11 BIRTHPLACE	(Stote or	foreign country)		ZEN OF W	'HAT	
_Housewi	fe		own home			Penns blv ania				USA		
3 FATHER'S NAME					14. MOTHER'S MA							
	Robert Jacks	son			Mar	ry Ha	lderma	1				
	EVER IN U.S. ARMED FORCES?		CIAL SECURITY NO	17 H	FORMANT			Addr	855			
res, no, or unknow NO	1) I(If γes give wor or dotes)	or service)		Ler	oy E Cun	uning	S	liyatt	sville	, Md		
18 CAUSE OF	DEATH (Enter only one con	use per line for (o), (b), ond (c).)						1		AL BETWEEN	
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Heart f				fai	ailure ·					Minutes		
4200	DUE		110010	100	1010			-			- W - W	
Conditions, if ony, which gove) (b)				ri oc	clerotic	hoà	mh di	90250		IInl	known	
nse to mmed	LLUS	CTEL CUITC	1100	111 (12			011	32101911				
stoting the underlying couse DUE TO (c)												
PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS A JOPSY												
PART TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED?										REORMED?		
Diabetes Mellitus-over 15 yrs.								YES	NO 5			
Diabetes Mellitus-over 15 yrs. 200 EXTERNA. CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) PRIMARY OF CONTRIBUTING												
							T 10					
20c TIME OF Hour	NURY Month, Doy, Year o.m.	While =	RY OCCURRED 2		E OF INJURY 1Hom ry, street, office bld		20f (City	or town)	(€aun	(ty)	(Stote)	
	p.m. 19	ot work L	ot work	10110	7, 111001, 0111110 1510	9., 010)						
21. l cer	rify that I taak charg	e of the rema	ıns described aba	ve, hel	d an Autapsy	<u> </u>	Inspection [the local	uiry 🔀	and in	my apinia	
death res	ulted from Natur	al causes 🔼	Accident	% Ici	de 🗍 Ham	nicide []. Undete	mined m	anner 🗍			
	^		~			_	AMINER []		_			
ACTUAL SIGNATURE					MATRIZZA	NT MEDICA	L EXAMINER]		22.	DATE SIGNED	
EXAMINER'S	~3~7	DEPUTY	MEDICAL E	XAM NER 🔀			10-1	167				
NAME (Type)	John	kenoe, r	L.D., Rive	rual	Address	(Street, ci	ly town, or co.	inty)		10-11	4-01	
30 BUR AL, CREMA			23c NAME OF CEMETE				23d LOCATIO		wn) (i	(ounty)	(Stote)	
Burial (Spe	ity) Ct 1	.8, 1967	United C	emet	ery		Pitts	sburg			Pa	
24. FUNERAL DIREC			ADDRESS		- 1		Y REGISTRAR		GISTRAR'S SIG			
	F. Gasch's	Sons Ily	yattsville	, 1	id. Dat	OCT	1 6 196	1 40	liarle	J Jun	der.	
					- DRI			- 1/		-()	U	

VR A15ME (5) 6M 1/67

5 may be retained for your files.

the funeral d rector





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION_OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY any delay is , 2, and 3 ta p. PM3. Page Prince George s
b CITY OR TOWN (if outside corporate limits,
write RURAL and give nearest town) Prince George's MARYLAND Marvland E LENGTH DE STAY IN 16 c CITY OR TOWN (if outside corporate mits, write RURA, and give nearest town) artme Suitland DOA Morningside d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? State please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with taken NO S MEDICAL EXAMINER: This certificate should be executed within 24 hours after death I bease execute the certificate, writing the word "pending" in penal in Item 18. Give Pages Andrew's Air Force Base Hospital 504 Maple Road 3 NAME OF Middle last 4 DATE Month DECEASED 0F burial-transit permit. File pages I and 2 with the (Type or print Swannie Darne DEATH 10 1967 S SEX 6 COLOR OR RACE IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARR ED 8 DATE OF BIRTH 9. AGE (In years lost birthday) Months in any event within 72 haurs after death. WIDOWED . DIVORCED 15 May 1911 White 1Do USUA, OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR II BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Dawson 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address Doris Tedrow Same As # 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I, DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Cerebro vascular hemorrhage Hypertensive vascular disease over 10 vrs. Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying couse and be used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? crematian, ar remayal, NO S YES -2Do EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) FUNERAL DIMICTUR: Page 3 shauld PRIMARY I or CONTRIBUTING I CALISE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d INJRY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (State) (County) Not While Hour a.m. factory, street, office bldg., etc.) of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspect on Tic Inquiry To, and in my apinian ta bur.al. death resulted fram-Natural causes x Accident Suicide . the funeral directar. Hamicide | Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE DEPUTY MEDICAL EXAMINER 3 10-25-67 John Kehoe, M.D. Riverdale, Md. Ypw NAME [Type] Address (Street, city town, or county) 23o BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Burial (Specify) REXAME Great Falls Cemetery Herdon, Virginia

Annuess

750 REC'D BY REGISTRAR

250 REGISTRAR 5 SIGNATURE 10/27/67 24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home VR A15ME (5) 6M 1/67 4308 Suitland Road, Suitland, Maryland



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	DIAO.
	24275 CERTIFICATE OF DEATH	, (.)
	1 PLACE OF DEATH 0. COUNTY Prince Georges MARYLAND 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence by the country of the	pefore admission)
the content of the co	b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	eorest town)
hours of by the st. Page. Hours of	Glenn Dale (rural) 10 days Washington, D. C.	1/ 7
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
A Partie	Glenn Dale Hospital, Glenn Dale, Md. 3220 Conn. Ave., N. W.	YES NO
ompletely filter ve corbon corper within	3. NAME OF First Middle Lost 4. DATE Month OF	Doy Year
d w	(Type or pnnt) Elizabeth D. Darr DEATH 10 2	29 19 67
omp ve (5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years list birthday) Months I Do	EAR IF UNDER 24 HRS
od co	F WIDOWED DIVORCED x 6/28/1908 59 YIS	
equires that the death certificate be executed with physician. signed by the ottending physician and completely burial-transit permit. Then please remove corboburial, cremation, or removal, and in any event, wi	100 USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10 USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZE COUNTY	N OF WHAT TRY?
ate cior eas and	Stenographer Maryland U	JSA
by sign	13. FATHER'S NAME	
cert The p	Harry F. Dill Elizabeth Schrone	
that the death ce an. by the ottending ronsit permit. Th	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dotes of service)]	
de de crim	no 579-14-0874 Decedent	
the drift	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
hot n. yv t ons	IMMEDIATE CAUSE (o) Pneumococcal meningitis	days
es t sicio sicio sed te sel te sel te	# Y J X DUE TO	
phy ign ourie	Conditions, if ony, which gove (b) (b)	
ng ng en s	storing the underlying couse (c) Pneumococcal pneumonia, left upper lobe	7 days
The law reattending has been se as the the prior to the	PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	
AN: The law requires that the death certificate be executed withmr-24 all or attending physician. It is been signed by the ottending physicion and completely filted for use as the buriol-transit permit. Then please remove carbon cape Health prior to buriol, cremation, or removal, and in any event, within 72.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION STREET IN PART ((d)	PERFORMED? YES NO K
LOR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the buriol-tror lied with the State Dept. of Health prior to buriol, cre-	\(\sum_{\text{20a}}\) 20a. ACCIDENT WAS UNDERLYING \(\sum_{\text{20b}}\) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or P	
by the hospita After this certific be detached for	20x TIME OF INJURY Month, Doy, Yeor Hour o.m. 19	y) (Stote)
	21 certify that (t) (this haspital) attended the deceased from 10/19/_, 19.67, to 10/29/_, 19.67	, that 🙀 (we) lost
ATTENDING etained by th CTOR: After the should be de vith the State	saw the deceased alive an 10/29/ 1967, and that death accurred at 1:30AM, from causes and on the	
OR ATTENT be retained JIRECTOR: A JIRECTOR	220. SIGNATURE ATTENDING MED. STAFF 22b. DATE	SIGNED
OR De re de	M.D. PHYS. L. DIRECTOR PHYS L.	29/67
A P P P P P P P P P P P P P P P P P P P	22c. PHYSICIAN'S NAME (Type) Mag Hospital	
ERA ERA Or, p	Moe werss, M. D. Grenn Date, Md.	
TO HOSPITAL OR ATTEND Poge 4 may be retained TO FUNERAL DIRECTOR: A director, poge 3 should be filed with the	REMOVAL (Specify) 1/9/2 We lim Come terry	ounty) (Stole)
VR ATH (A-A)	24 FUNERA DIRECTOR SUTTLESSON OF ADDRESS FLEGGERICAS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGN	IATURE CALLED
25M 1/67	Farley & barrangualarve of Stade Mar DATE NOV 3 1967 Jourse	00
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MARYLAND STATE DEPARTMENT OF HEALTH



funeral director, ruld be filed with after death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus TO FUNERAL DIR. R: After this certificate has been signed by the ottending physician and completely filled in page 3 should be actached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1-1281

	PLACE OF DEATH O. COUNTY Prince George MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institut on Residence before admission) o. STATE D.C.									
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 10 Years	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Washington, D.C.									
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Carroll Mannor, 4922 LaSalle Road	d STREET ADDRESS 508 Crittenden St., N.W. "IS RESIDENCE ON A FARM? YES NOT									
	3 NAME OF First Middle GreeksED (Type or print) Rosina Irene	DUGAN 4. DATE Month Oct 13 19 6									
	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED White Widowed DIVORCED	B. DATE OF BIRTH Jan 15, 1876 9 AGE (In yeors lift UNDER 1 YEAR IF UNDER 24 HRS) Months Days Hours Min Min									
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired) Homemaker Homemaker	STRY 11. BIRTHPLACE (State or foreign country) Brooklyn, New York 12. CITIZEN OF WHAT COUNTRY? USA									
	13. FATHER'S NAME Samuel Caffrey	14 MOTHER'S MAIDEN NAME Jenny O'Brien									
	S WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (If yes, gave wer or dates of service) None Sister M. Dominic - Carroll Mannor										
	1B. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions if any, which gove rise to immediate couse (a), stating the under: lying couse lost. PART II. OTHER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATH BUT	Pight log INTERVAL BETWEEN ONSET AND DEATH ONS									
L	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	PERFORMED? YES NO (Enter nature of injury in Port I ar Part II of item 18.)									
	4 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm ctory, street, affice bldg., etc.) 20f. (City ar town) (County) (Stote)									
7	21. I certify that (I) (this hospital) attended the deceased fram	19591910.19671919 that (1) (we) last death occurred at 12.1M. From the causes and on the date stated abave. M D ATTENDING MED. STAFF PHYS. 10/13/67 SIGNED PHYS. 22d ADDRESS 6216 NH AR NE - Nash. DC.									
	230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY C REMOVAL (Specify) 10/16/67 Mt. Olivet C										
	24 FUNERAL DIRECTOR'S SIGNATURE 5130 Wisconsin Ave Joseph Gawler's Sons, Washington, D.C.20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14283 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **b.** COUNTY Prince George b. CITY OR TOWN (If outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIVERGELE Laurel 15 days Sers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS 327 Montgomery St. Eugene Leland Memorial Hospitial YES NO 3 NAME OF please remove corbon First Middle 4 DATE Lost Month Year DECEASED (Type or print) W. Elliott Oct. 18, 67 Thomas DEATH S. SEX IF UNDER I YEAR 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED lest pirthdoy) Months Dovs Hours 9/6/95 White Male WIDOWED 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) U.S.A. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo Margaret Ritter Thomas Elliott 4308 Sandy Spring Rd. 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) Charlotte E. StonemBurtonsville, Md cremotion, 1B. CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN for (o), (b) buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate cause (a) DUE TO stating the underlying couse has been SS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO <u>\$</u> 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port It of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year (City or town) ((ounty) (State) Hour o.m. While factory, street, office bldg., etc.) at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the agregsed fram be retoined saw the deceased alive on. and that death occurred M. from causes and an the date stated above. 220 SIGNATUI STAFF PHYS. DIRECTOR 22c. PHYSICIAN'S NAME (Type) director, I should be 25b RÉGISTRAR'S SIGNATURE ec'd by registrar VR A15 (4) 25M 1/67

← (*) *),

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14284 14279 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o STATE **b** COUNTY Maryland Prince George's Prince George's MARYLAND ment b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cheverly DOA Brentwood d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? the certificate, writing the word "pelliding" in pencil in Item 18. Give Pages 4 should be forwarded to the Chief Medical Examiners Office along with fight Prince George's General Hospital 4409 38th. Street NO to This certificate should be executed within 24 hours ofter death 3 NAME OF M ddle 4 DATE DECEASED (Type or print) Elmer Frank Embrev DEATH 5 SEX FUNDER 1 YEAR 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (n years IF JNDER 24 HRS 7 MARRIED NEVER MARR ED lost birthdoy) Months Dovs in any event within 72 hours after death WIDOWED D VORCED Male 20 Jan. 1904 White IDo, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during mass of working file, eyery fretired) COUNTRY? ASHINGTON DIE 13. EATHER'S NAME EMBREY 17 INFORMAN Same AS \$5 (Yes, no, or unknown) (If yes give wor or dates of service) 578149534 ELSIE MAY 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Heart failure DUE TO Arteriosclerotic heart disease over 3 year Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse be used removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPS CERTIF CATION PERFORMED? NO 1 Diabetes - over 5 years 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) 3 should PRIMARY I or CONTRIBUTING I cremotion, or CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) (County) foctory, street, office bldg , etc 1 Not While of work ot work 21. I certify that I took charge of the remains described above, held on Autopsy [...], Inspection [x], Inquiry 🔀, and 'n my opinian Natoral causes X. Accident | death resulted from Suicide . Undetermined manner Homicide may be retoined FUNERAL DIRECT CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAM NER 10-5-67 John/Kehoe, Riverdale, Md. NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 23d. OCATION (City or Town) 0 VR A15ME (5)



4 100 1:42

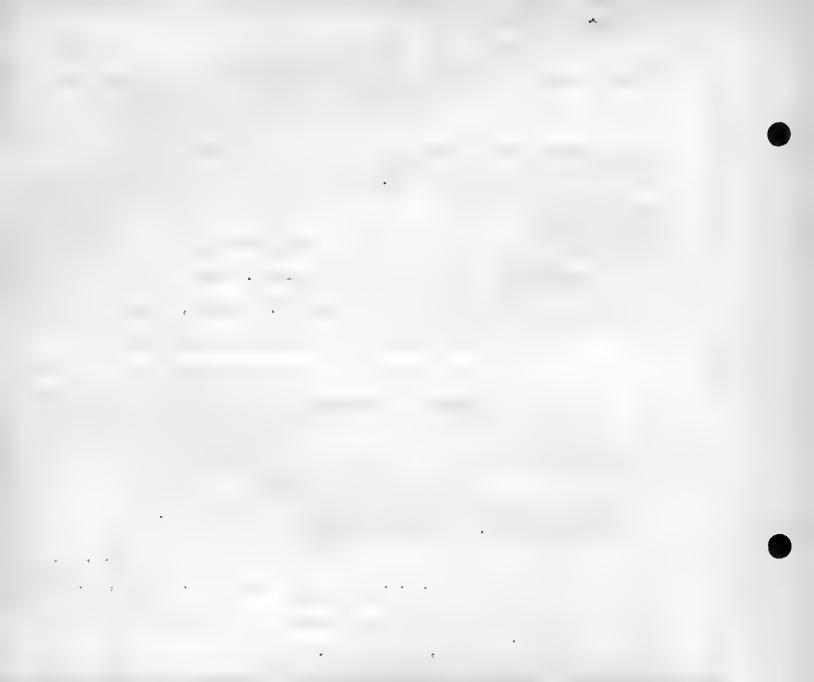
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14285

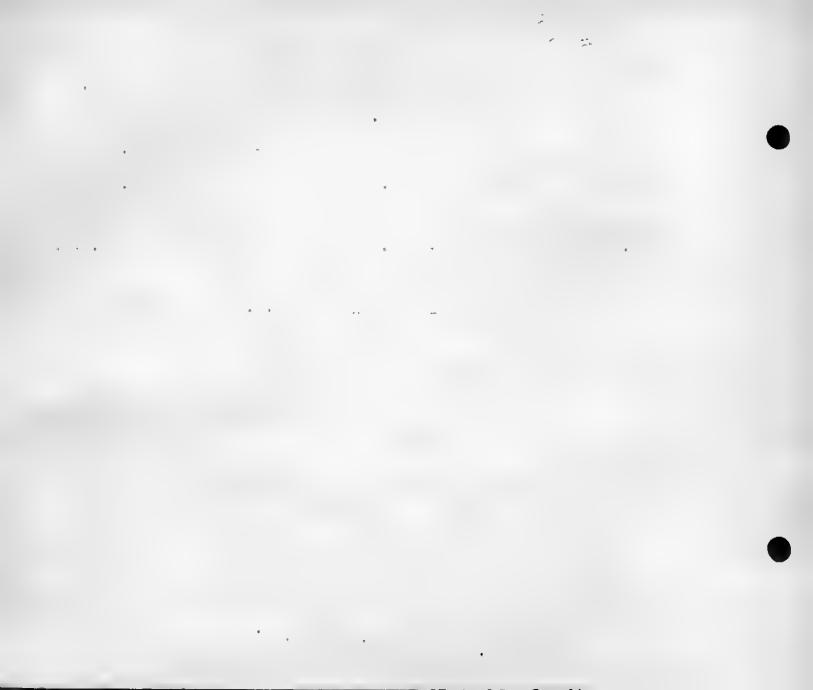
					CEKHIFIC	AIC	OF DEATH			-	ZAU Je	,
PLACE OF DEATH						-	2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)					
Prince Georges MARYLAN					ND	Maryland Prince Georges						
	CITY OR TOWN	(If outside corporate limi	s,	r l	ENGTH OF STAY IN	1b	c. CITY OR TOWN (If o	outside corpo	rote limits, write RU	RAL and give	nearest fow	n)
	Cheverl	and give nearest town)			12 days		Suitland				16	-1
	NAME OF HOS	PITAL OR INSTITUTION (If n	ot in hosp	pi tol, g ive si	treet oddress)		d STREET ADDRESS				e IS F	RES DENCE A FARM?
	Prince	Georges Gene	eral	Hospi	Ltal		4818 East	em L	ane		YES [
	NAME OF DECEASED	F	irst	-	Middle		Lost	4. DATE OF	Mon	th	Doy	Year
	(Type or pant)		/irgi	lnia	S.		Falls	DEAT				19 67
	SEX	6. COLOR OR RACE	7 MAR		NEVER MARRIED		8 DATE OF BIRTH		9 AGE (In years lost birthdoy)	Months	Doys Ho	NDER 24 HRS
_	Female	White		XX Daw	DIVORCED		2/15/9% 9	6	71 yrs.			
0	USUAL OCCUPATI	ON (Give kind of work done	1	Ob. KIND OF	F BUSINESS OR		11 BIRTHPLACE (Count	y & Stote, or f	oreign country)		TIZEN OF WHA UNTRY?	iT .
		ng life, even if retired) sewite		11100311			West Vi		a		USA	,
3.	FATHER'S NAME						14. MOTHER'S MAIDEN	NAME				
_		John Scott					Velaria 0	Law:				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or doles of service) No							INFORMANT Address					
		-1				V.	e <mark>laria S.</mark> K	ittre	ige, Same	As #	2	
	18 CAUSE OF	DEATH (Enter only one co	use per li	ne for (o), (b), ond (c).)							BETWEEN
PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY:								NO DEATH				
	, ,	DUI	10									
		ny, which gave) ote cause (a), }		terio	scleroti	c_C	ardio_Vascu	lar D	isease			years
	stoting the un		TO									
	last)	(t) - Es	senti	al Hyper	ten	sion					years
5	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBU	TING TO DE	<u>ATH</u> BUT NOT RELAT	ED TO	THE TERMINAL DISEASE CO	ONDITION GIV	/EN IN PART 1(a)		PERF	AUTOPSY ORMED?
S											YES X	K NO
200 ACCIDENT WAS UNDERLYING CORRED (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING COLEXAMINER) 200 TIME OF INJURY Month, Doy, Year Hour a.m. 200 TIME OF INJURY Month, Doy, Year While Not While foctory, street, office bidg., etc.) (Gount Manual Colexaminer)												
AL V	·	FY MEDICAL EXAMINER)		40 1 141111014	044 to 000 T o			Toni	16.	15		(St. 4.3)
EDE	20c TIME OF I Hour			20d INJURY While	Not While		CE OF INJURY (Home, for lary, street, office bldg., etc		(City or town)	(£00	inty)	(Stote)
=		p.m., 19		ot work 🗀	ot work							
	21 I certify that (I) (this bespected) affended the deceased from May 1967, to Oct. 10, 1967, that (I) (see) las saw the deceased alive on Oct 10 1967, and that death occurred of 50PM, from couses and on the date stated above											
	22o SIGNATUI		JC E	10,	, un	a ino	deam occurred o	17.201	M, HOIR COUSES		TE SIGNED	rea upov
	220 310194101	"	X	al	war)M.I	ATTENDING PHYS	MED DIRECTOR	STAFF D	_	t. 10,	1967
1	22c. PHYSICIAI	21			-		22d ADDRESS	DIKECTOK	T TINIS L	<u> </u>	200	1707
1	NAME (Ty		Sah	akyan	M. D.		6001 Lan	dover	Rd. Cheve	rly, I	4d. 20	785
30	BURIAL, CREMA			23	NAME OF CEMETE		CREMATORY	23d L	OCATION (City or To		(County)	(State)
	Burial Spec									,	, ,,	
		TOR Robert E.	W4 11	alm F	ADDRESS U	ome	Cemetery 250 REC	D BY REG.S	RAR 25b. R	EGISTRAR S SI	GNATURE	100
1	1117	# 4308 Su	tlar	nd Rd.	Suitlan	d.	Md DATE	GI 1	1967	1 was	Can you	8
	- The					7						

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely, filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and Asshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 19 hours ofter deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The jow requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4281 OF DEATH 14286 CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where Deceased liver of institution Residence before primission) COUNTY b. COUNTY MARYLAND autside cornorate l'mits c. LENGTH OF STAY IN 16 side carporate lilinits, write RURAL and give nearest town) nat in haspital, give street addle d STREET The law reavires that the death certificate be executed within NAME OF DATE DECEASED (Type or print) OF DEATH and in any event, remaye car S. SEX IF LINDER 6 COLOR OR RACE MARRIED NEVER MARRIED lest birthdoy) Months Doys Hours WIDOWED V DIVORCED 10a USUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife Home 13 FATHER'S NAME burial, cremation, ar remayal, 17. INFORMANT (Yes, no, or unknown) (f yes give wor or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line) PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o burial-transit ONSET AND DEATH Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the hospitol or attending 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) this certificate has 200 ACCIDENT WAS JNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJRY Month, Day, Year 20d INLURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (Caunty) (State) Hour to m. Not While foctory, streat, office bldg., etc.) of work 21. I certify that (1) (this haspital) attended the deceased from , that (I) (we) last M, from causes and on the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive on. and that death occurred of 22a SIGNATURE 22b DATE SIGNED ATTENDING MD PHYS. 22d 22c PHYSIC AN'S O HOSPITAL director, pa shauld be f NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL (Specify) Cedar Hill Cemetery ro deo Nov 1, 1967 Suitland Buria. 2Sq REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 F. Gasch's Sons Myattsville, Md.

frommises Hes 577-1-265c



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14285 CERTIFICATE OF DEATH transit permit. Then please remove carbon papers. Pages T-Ord 2 cremation, ar remayal, and in ony event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Maryland b. COUNTY Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 hours of 27 days Seat Pleasant Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? /Filled 600 Addison Road Prince Georges General Hospital NO YES The tow requires that the death certificate be executed-within 3 NAME OF Middle 4. DATE Lost Year completely DECEASED Fischer Oct. 20 196 7 (Type or pant) Carl M. DEATH IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (in years 7. MARRIED **NEVER MARRIED** lost birthdoy) Dovs Hours WIDOWED DIVORCED 2/23/08 Male White and 10b, KIND OF BUSINESS OR 100 USUAL OCCUPATION (G ve kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) attending physician permit. Then please Construction COUNTRY? Washington D. C. USA 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Carl M. Fisher Catherine Preston 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Frances M. Fischer, wife Same As #2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) NTERVAL BETWEEN the the signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Carcinomatosis IMMEDIATE CAUSE (o) DUE TO Bronchogenic Carcinoma, left upper lobe Conditions, if ony, which gave rise to immediate couse (a), DUE TO stoting the underlying couse by the haspital or attending the 9 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) for Use Health p certificate 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (F EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home form, 20d INJURY OCCURRED (Cty or town) (County) (Stote) **DIRECTOR:** After this 20c. TIME OF INJURY Month, Day, Year Hour om. foctory, street, office bidg , etc.) Not While ATTENDING at work L of work 1967, to Oct. 20, 1967, that (i) PW6) last 21 | certify that (1) total (1) attended the deceased from TO HOSPITAL OR ATTENE Page 4 may be retained sow the deceased alive an Oct. 20 19.67, and that weath accurred at 8.30AM, from causes and on the date stated above. 22b. DATE SIGNED Oct. 20,1967 220 SIGNATURE *** MED DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S TO FUNERAL director, po shauld be f NAME (Type) William Brainin, M. D. 6124 Central Ave. Capital Hights. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23h. DATE THEREOF 230 BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) Burial Ft. Lincoln Cemetery | Frinc Princes Georges, Maryland
REGISTRAR 25b REGISTRAR'S SIGNATURE 10/24/67 24. FUNERAL DIRECTORROBERT E. Wilhelm Funeral Home 4308 Suitland Road, Suitland, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 77284 14289 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE HEALTH DEPT** PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE Prince George's Prince George's b CITY OR TOWN (If outside corporate limits c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 write RURAL and give nearest town) West Hyattsville West Hyattsville
d NAME OF HOSPITAL OR NSTITUTION (if not in hospital give street oddress) S RESIDENCE ON A FARM? 24 hours with land like land I, and land with form NO Sc 2709 Nicholson Street 2709 Nicholson Street NAME OF DECEASED (Type or print) DEATH Lillian Fleishman e, wr ting the word "pending" in pencil in Item 18. Givi forworded to the Chief Medicol Examiner's Office along IF UNDER I YEAR 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED lost birthdov) Months Hours and in ony event within 72 hours after death. DIVORCED WIDOWED 9-11-1917 Female. White 10o USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B. THP.ACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life even if retired)
Clerk-Typist USA COUNTRY? Govt. Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Morris Fleishman Frieda Finn 17 INFORMANT Brother 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address S.S. (Yes no or unknown) (If yes nive war or dotes of service) Jacob Fleishman 9713 Saxony Rd. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) ONSEL AND DEATH PART I DEATH WAS CAUSED BY *MMEDIATE CAUSE (6) Runture of myocardium davs Myocardial infarction Conditions, if ony, which gove (b) From coronary occlusion left coronary artery nse to immediate couse (o). From coronary atherosclerotic heart disease unknown stoting the underlying couse last cremotion, or removol, PART II OTHER SIGN F CANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE COND TON GIVEN N PART (c) 19 WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Port L or Port L of tem 1B.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) 20c TIME OF INJURY Month, Doy, Year (Stote) foctory, street, office bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Poge at wark 21. I certify that I tank charge of the remains described above, held an Autapsy Inquity 😾, Inspection 🔒 and in my apinian funeral director. Indetermined manner death resulted fram-Natura . Accident Su'cide Hamicide . CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED 5 moy be refr TO FUNERAL DI Heofth prior t ASS STANT MEDICAL EXAM NER DEPUTY MEDICAL EXAMINER 10-3-67 NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street city, fown or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23b DATE THEREOF 23c BURIAL CREMATION 10-4-67 Ohev Sholom-Talmud Torah Cem. Washington DC

24 FUNERAL D RECTOB ernard Danzansky Alend Sons

Washington, DC

25b REG STRARS SIGNATURE OCCUPATION JUNGS

VR A15ME (5) 6M 1/67



The law requires that the death certificate be executed within 24 hours after death. pletely filled in to carban papers. eattending properties of the signed by the burial-transit p **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be refained by the hospital or attending physician. certificate has been TO FUNERAL DIRECTOR: After this director, page 3 shauld should be filed with the VR A15 (4)

REMOVAL (Specify) 24 FUNERAL DIRECTOR

230 CHRIAL CREMATION

22c PHYSICIAN'S

NAME (Type)

23c NAME OF CEMETERY OR CREMATORY 17001 CM

22d ADDRESS

Prince Georges General Hospital 23d LOCATION (City or Town)

(County) REGISTRAR S SIGNATURE

14290

e IS RESIDENC ON A FARM?

Year

19 67

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19 WAS AUTOPSY PERFORMED?

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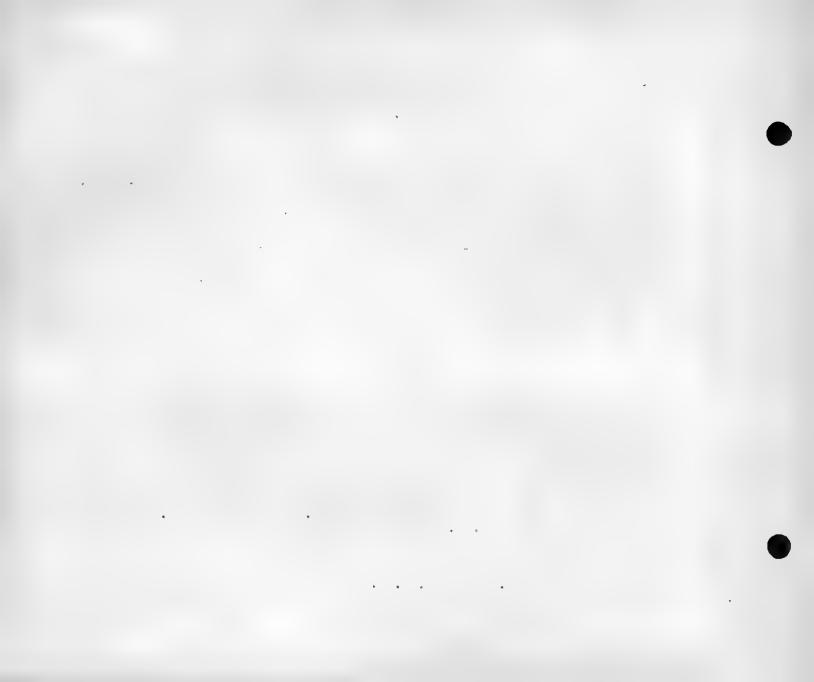
Doys

COUNTRY?

ADDRESS 2So. REC'D BY REGISTRAR

Fidel J. Quintana, M. D.

23b DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14288 14291 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH-DEPT. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE Prince George's MARYLAND Prince George's delay b CITY OR TOWN (f outside corparate I mits, c City OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 15 write RURAL and give nearest tawn) DOA Oxon Hill Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e S RESIDENCE ON A FARM? farm Pages 6707 Palmer Road NO IX Prince George's General Hospital This certificate should be executed within 24 haurs after death. alapa with NAME OF Middle Lost 4 DATE Month Doy Year DECEASED 0F please execute the certificate, writing the ward "pending" in pencil in Item 18. Give director Page 4 should be farwarded to the Chief Medical Examiner's Office alabers 10 19 67 (Type or print) Fox DEATH Harvev B DATE OF BIRTH 5 SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Hours Min. in any event within 72 hours after death. WIDOWED male Negro D VORCED 100 USUAL OCCUPATION (Give kind of work done 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY? S.A. during most of working life, even if retired) retired N.C. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Rebbeca Fox Aarron Fox 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 0266 Carrie F. Hill 624 Hamilton St.N.W. IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN minutes burial-tennsi↑ PART I. DEATH WAS CAUSED BY: Heart Failure IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic Heart Disease Conditions, flony, which gove over 1 yr. rise to immediate couse (a). DUE TO stoting the underlying couse and 8 be used PART II OTHER S.GNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? ar remaval, CERTIFICATION NO X YES 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH crematian, (City or fown) 20c I.ME OF INJURY Month, Day, Year 20d NURY OCCURRED 20e, PLACE OF INJURY (Home, form, ((ourly) Not While foctory, street, office bldg , etc.) ot work ot work 21. I certify that I tack charge of the remains described above, held an Autapsy [], Inspection X. Inquiry X. and in my apinian DIRECTOR: Notical causes X Undetermined manner death resulted frame Suicide Hamicide funeral directar may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior 1 SIGNATURE FUNERAL 10 - 23 - 6DEPUTY MEDICAL EXAMINER X **EXAMINER'S** John Kehoe M.D., Riverdale, Maryland Address (Street, city town, or county) 4 NAME (Type) S m Heal 23d LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION ((ounty) (State) REMOVAL (Spec fy) St. Paul Methodist Oxon Hill 24 FUNERAL DIRECTOR ROBERT S. MASON FUHERAL HOME, INCADDRESS VR A15ME (5) 2509 NICHOLS AVENUE, S. E. 6M 1/67







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14294 death. within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH MARYLAND b CITY OR TOWN (if outside corporate litolts C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE and in any Event, within 72 ON A FARM NO Z NAME OF Middle Last DATE У еаг DECEASED OF 1967 (Type or pnnt) AGE (In years last buthday) Yrs. IF UNDER 1 YEAR 6. COLOR OR RACE IF LINDER 24 HRS MARRIED NEVER MARRIED DIVORCED WIDOWED and 1Do JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 ARTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT PHYSICIAN: The law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Lucien 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal. attending poermit. The IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Leo Beeler Davidsonville. 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) -58-8022 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the PART I DEATH WAS CAUSED BY ONSE!" AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. 4000 DUE TO Conditions, if any, which gave use to immediate couse (a), DUE TO stating the underlying cause NSCLERGIC this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES [NO 2Do ACC, DENT WAS UNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (fity or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While at work of work TO FUNERAL DIRECTOR: After ruin 21. I certify that (1) (this hospital) attended the deceased from and that death accurred at 4/ sow the deceased alive on AM, from causes and on the date stated above 220. SIGNATURE 22b DATE-SIGNED **ATTENDING** STAFF 22c PHYSICIANS 22d. ADDRESS NAME (Type) BUR AL, CREMATION, 23b DATE THEREOF OR CREMATORY 23d LOCATION (City or Town) (Stote) 230. (County) REMOVAL (Specify) FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14295 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) I. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Prince George's Prince George's MARYLAND Maryland b CITY OR TOWN (if autside carparate mits, write RURAL and give nearest tawn) c .ENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate imits, write RURAL and give negrest town) Hvattsville DOA Cheverly

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? farm 3531 Madison Place NO EX in Item 18. Give Poges Prince George General Hospital YES haurs ofter death please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pog d rectar Page 4 shauld be forwarded to the Chief Med.cal Examiner's Office alang-with 3 NAME OF last 4 DATE Middle Manth Doy Year DECEASED OF 10 19 (Type or print) Paul Gelardo DEATH S SEX B DATE OF BRIN 9. AGE (In years IF UNDER 1 YEAR UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Manths last birthday) Days Hours within 72 hours after death W DOWED DIVORCED TO 12-17-1918 Male White 10a. US_AL OCCUPATION (G ve kind of work done during most of working life, even if retired) 11 8:RTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT 10h KIND OF BUSINESS OR S Government COUNTRY New York This certificate shauld be executed within 24 Chemist 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME Anthony Macellaro Camille Macellaro a 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, na, ar unknown) [[If yes give war or dates of service] Camille F Gelardo Hvattsville. Md. 088 16 8991 yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART | DEATH WAS CAUSED BY-INTERVAL BETWEEN ONSET AND DEATH any event IMMEDIATE CAUSE (a) Heart failure Arteriosclerotic heart disease over 2 yrs. Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO storing the underlying cause gud (c) be used PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? or removal, CERTIFICATION NO 52 20a EXTERNAL CAUSE WAS PRIMARY IN OUT CONTRIBUTING I 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 1B.) 3 should CAUSE OF DEATH. crematian, 20c TIME OF INJURY Manth, Day, Year Haur o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20t (City ar fown) (County) (State) While Not While factory, street, affice blda, etc.) FUNERAL DIRECTOR: Page at wark at wark Inspection x, Inquiry 🔀, 21 I certify that I taak charge of the remains described above held on Autopsy []. and in my apinian death resulted fram Natural couses 🗴 Accident Suicide Undetermined manner the funeral d rectar be retained CHIEF MED CAL EXAM NER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAM NER prior SIGNATURE DEPUTY MEDICAL EXAMINER | **EXAMINER'S** may Health Address (Street city town or county) NAME (Type) John Kehoe, M.D. Riverdale, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or gwn) 23b DATE THEREOF 23a BUR AL CREMATION (County) 0 Mt Olivet Cemetery Washington D. C. Oct 9, 1967 Burial 25g REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Millones VR A 15ME (5) F Gasch's Sons Hyattsville, Md. 1967 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 14296 O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death 7 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o STATE b. COUNTY Prince Georges MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside carparate limits, CEITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) DAYS Lewisdale d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Drexel St. e IS RESIDENCE ON A FARM? E.LELAND MEMORIAL NO NAME OF Middle First Last 4. DATE Manth Year OF DECEASED W. GILL KATHERINE 10 67 19 DEATH (Type or print) AGE (In years B. DATE OF BIRTH IF UNDER IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X X remaye Days Haurs 12-27-86 any WIDOWED DIVORCED 1Da USUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT physician c during most of working life, even if retired) S.A. INDUSTRY TEXAS 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME removal, CHARLES GILL MC CORMICK WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates at service) 50 9185 HOSPITAL RECORDS INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY signed by the burial-transit s ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). - PHINKE stating the underlying cause the priorta has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAG DISEASE COND T ON GIVEN N PART 1(o). detached for use te Dept. of Health IO FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 1) of item 18.) 2Dg ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. factory, street, affice bldg, etc.) Not White at wark at work 21 | certify that (1) (this haspital) attended the deceased from 10 - 11 , 1967, to 10-14, 1967, that (I) (we) las 1967, and that death occurred at 1/19 M, from causes and an the date stated above saw the deceased alive an 10-14 22o, SIGNATURE 22b. DATE SIGNED **ATTENDING** MD PHYS DIRECTOR 22d. ADDRESS 22c PHYSICIAN ST Queensbury Rd. Riverdale, Maryland NAME (Type) KINSOA 1400 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ((county) 230 BURIAL, CREMATION (Stote) BIRT AT WASHINGTON D. C. 10-18-67 MT. OLIVET CEMETERY 2Sb REGISTRAR'S SIGNATURE 250 RECD BY REGISTRAR 24. FUNERA, DIRECTOR VR A15 (4) 25M 1/67 HYATTSVILLE, MARYLANDOCT GASCH'S



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH opers. Pages I and Page 172 hours after death death PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY Prince Georges MARYLAND b. CITY DR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b. c CITY DR TOWN (If autside carparate firmits, write RURAL and give nearest town) Glenn Dale (rural) Washington, D.C. 2 months d STREET ADDRESSHamilton Hote d. NAME DF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? fetely filled a Glenn Dale Hospital NO 🔀 NAME OF First Middle Last DATE Doy Year **DECEASED** OF Theo Casine Glenn EXXXXXXXXIO/9/ 1967 (Type or print) DEATH and in ony even S SEX 6. COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS remove last birthday) Months Days Haurs WIDOWED DIVOR CED 6/11/90 10a USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State as fareign country) physician c during most of working life, even if retired) INDUSTRY **COUNTRY?** retired Secretary-Wm.Green.AFI USA Ohio 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremotion, or removol. ottending phys James Clenn Emma Lawver 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO INFORMANI Address 579-01-2486 decedent no 18 CAUSE OF DEATH (Enter only one cause per tine for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit burial, cremotia PART 1. DEATH WAS CAUSED BY 480NSET AND DEATH Aspiration pneumonitis IMMEDIATE CAUSE (o' Page 4 may be retoined by the hospital ar ottending physician 4200 Arteriosclerotic heart disease unknown Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause os the prior ta hos been Meneralized arteriosclerosis lunknown PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM HALD DISEASE CONDITION GIVEN IN PART I(0)
Old cerebrovascular accident; old anterior myocardial infarction, extensive, healed; hiatal hermia, large; cholelithiasis PERFORMED? Health g NO I certificote 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of Item 18.) OR CONTRIBUTING I CAUSE OF DEATH detochard (IF E THER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INTURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. T ME OF INJURY Month, Day, Year Not While Hour am factory, street, office bldg, etc.) at work at wark TO FUNERAL DIRECTOR: After 2). I certify that (K (this hospital) attended the deceased from. 8/11/ , 1967 , to ____ 10/9/, 1967, that XIX (we) lost director, page 3 shauld shauld be filed with the 10/99 67, and that death occurred at :30PM, from causes and on the date stated above. saw the deceased alive_on 22b DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING 10/9 /67 M.D. PHYS. DIRECTOR 22d ADDRESS PHYSICIAN'S NAME (Type) Glenn Dale Hospital Glenn Dale Md 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCAT ON (City or Town) 23 a CLAL CREMATION (County) (State) 15 (D) (D) (D) (D) Coshocton, Ohio Southlawn ADDRESSWashington 250 RECD BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

2.35 D.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after death. . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. CQUNTY o STATE Maryland b. COUNTY Sers. Pages 1 72 haurs after o Prince Georges MARYLAND Prince Georges b, CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Cheverly 4 days Riverdale d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? Prince Georges General Hospital 6823 Riverdale Road NO IC YES [law requires that the death certificate be executed within NAME OF Middle 4. DATE DECEASED (Type or print) OF DEATH Baby Boy Glodeck 19 67 Oct. 6 and in any even SEX NEVER MARRIED 9 AGE (In years IF UNDER TYEAR 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH IF UNDER 24 HRS remove last birthdoy) Months Days Hours WIDOWED DIVORCED Male White Oct. 2,1967 100. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, by the attending phy transit permit. Then Joann B. Remeta John W. Glodeck 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service 16. SOCIAL SECURITY NO 17 INFORMANT Mr. John W. Glodeck (above address signed by the atter burial-transit perm burial, crematian, a 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN (Fat her) PART I DEATH WAS CAUSED BY. ONSET AND DEATH Intracranial hemorrhage, ventricular; cause IMMEDIATE CAUSE (a) undetermined. DUE TO Conditions, if any, which gave) (b) rise to immediate cause (a), DUE TO for use as the b Health priar ta b stating the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🔀 NO O HOSPITAL UK ALLENDER Page 4 may be retained by the haspital 20a ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 'O FUNERAL DIRECTOR: After this Hour a.m. Nat While factory, street, office bldg., etc.) at work at work L... , 1967 , ta Oct. 6. ______19<u>67</u>, that (I) (1020) last 1967, and that death accurred at 1 - 35 My from causes and on the date stated above saw the deceased alive an Oct 22a. SIGNATURE 22b. DATE SIGNED MEDAM DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Bernardo Alvarado, M. D. NAME (Type) 6201 Riverdale Rod. Riverdale, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Wash. D.C. 23a. BURIAL CREMATION, 23b DATE THEREOF (County) (State) REMOVAL (Specify)
Burial Mt.Olivet Cemetery ADDRESSMt. Rainier, 250 REFORTREGISTRAR 19676 VR A15 (4) DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14294 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) n COUNTY a STATE b COUNTY the certificate, writing the word "pending" in penal in frem 18. Give Pages 1, 2, and 3 to 4 should be farworded to the Chief Medical Examiner's Office along with Larm. PM3 Page Prince George's

b CITY OR TOWN (If autside carparate limits,
write RURAL and give nearest town) MARY, AND Maryland Prince George's delay éportment c CITY OR TOWN (If autside carparate limits, write RURA, and give nearest tawn) c LENGTH OF STAY IN 1b Belt.sville Belt.sville d NAME OF HOSPITAL OR NSTITUT ON (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Give Pages NO IX 11326 Cherry Hill Road 11326 Cherry Hill Road be executed within 24 hours ofter death NAME OF Middle 4 DATE DECEASED (Type or print) Wilma Goferth DEATH Olean S SEX 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Manths Davs event within 72 hours ofter deoth WIDOWED DIVORCED -14-1935 Female White f0a USUAL OCCUPATION (Give king of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (State or foreign country) 12 (T ZEN OF WHAT during most of warking life, even if retired) INDUŞTRY WELFARE DEPT OKLA HOMA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME FULLER OUELLA burial-fronsit permit. File 66 SOCIAL SECURITY NO OKLAHOMA 11 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gun shot wound of head This certificate shauld DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? or removol, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE COND TON GIVEN IN PART 1(a) NO K 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of anjury in Part 1 or Part II of Item 18.) 3 should PRIMARY DE ar CONTRIBUTING CAUSE OF DEATH Shot self in head with .22 cal. cremation, 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) 20c TIME OF IN. JRY Manth, Day, Year 20d INJURY OCCURRED factory, street, affice blda, etc.) Not While at work same as #2 at work 21 I certify that I taok charge of the remains described above, held an Autapsy ... Inquiry x Inspection 🔽 and in my apin an O FUNERAL DIRECTOR: death resulted frama Undetermined manner funeral director Natural causes Accident Suicide 3d Hamicide may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Heolth prior DEPUTY MEDICAL EXAMINER Kehoe, Riverdale, Md. 10-30-67 John Address (Street, city, tawn, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY EM 250, REC'D BY REGISTRAR VR A15ME (5) 6M 1/67

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dur	ng most of working life even	if retired)				Marylan	d		COUNTRY?	Α.
13.	FATHER 5 NAME					14 MOTHER'S MAIDEN	NAME			
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15	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16 5					Address		
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23n	B RIA 'REMATION	23b DATE THEREOF		23c NAME OF CEMETE	RY OR O	CREMATORY	23d TOCATION			(Stote)
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	WEDICAL CERTIFICATION NOTICE TO THE STATE OF	b CHY OR TOWN (If outs de write RURAL ond give net West Hyattsvid Aname Of Hospital Or In.) 2709 Kirkwood 3 NAME OF PECEASED (Type or print) 5 SEX 6 COLO Male Wh 100 JSUAL OCCUPATION (Give kind of the growth	I. PLACE OF DEATH O. COUNTY Prince George's b (HY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) West Hyattsville d NAME OF HOSPITAL OR INSTITUTION (If not in 2'709 Kirkwood Place 3 NAME OF PECEASED (Type or print) S SEX 6 COLOR OR RACE 7 Male White 100 JSUAL OCCUPATION (Give kind of work done during most of working the even if retired) Book Binder 13 FATHER'S NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 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PRESTON STREET, BALTIM MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH 0. COUNTY Prince George's MARY.AND METYLand 1. CITY OR TOWN, (If Journal of Control of Maryland Method of Control of Maryland Method of Control of Maryland Method of Maryland Mest Hyatt d. STREET ADDRESS 7/09 Kirkwood Place 3. NAME OF DEATH MILTO MILTO MILTO MILTO PGOSNell Sozial MILTO PGOSNell SOZIAL MILTO MOLOCUPATION (Give kind of work done during most of work of the even if retired) Molocopy Molocopy Molocopy Marylan Marylan Marylan Molocopy Marylan Molocopy Marylan Molocopy Mol	I. PLACE OF DEATH C. COUNTY Prince George's MARY, AND 2 USUAL RESIDENCE (Where decreased Inved C. CTY OR TOWN, (If each de exposede Invest), write RUBLAN and give nearest flown) West Hyattsville C. CTY OR TOWN, (If each de exposede Invest), write RUBLAN and give nearest flown) West Hyattsville C. CTY OR TOWN, (If each de exposede Invest), write RUBLAN and give nearest flown) West Hyattsville C. CTY OR TOWN, (If each de exposede Invest), write RUBLAN and give nearest flown) West Hyattsville C. CTY OR TOWN, (If each decreased Invest) C. CTY OR TOWN, (If each decreased Inv	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. COUNTY Prince George's MARYLAND 3. COUNTY Prince George's MARYLAND D. COUNTY MARYLAND C. CHYOR TOWN, (if cutsed expopulate limits, we're RURAL West Hyattsville d NAME OF HOSPITAL OR MISTITUTION (if not in hospital, give street oddress) 2709 Kirkwood Place 3. NAME OF DOCK MISTITUTION (if not in hospital, give street oddress) 3. NAME OF DOCK MISTITUTION (if not in hospital, give street oddress) 3. NAME OF DOCK MISTITUTION (if not in hospital, give street oddress) 3. NAME OF DOCK MISTITUTION (if not in hospital, give street oddress) ACT OF Kirkwood Place 3. NAME OF DOCK MISTITUTION (if not in hospital, give street oddress) 3. 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ours after, death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

14299

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14301

L		CERTIFICATE	OI DEATH		I. Wan T
1.	PLACE OF DEATH			eceased lived, if institution: Resid	dence before admission)
	a. COUNTY PRINCE GEOR	GE MARYLAND	a. STATE	b. COUNTY /	FWT
	b CITY OR TOWN (If autside carporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If gutside co	irparate limits, write RURAL and o	nive negrest town)
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1,	DECEASED	Middle	Last 4 D.		Day Year
-	(Type or phnf) PAR SEX 6 COLOR OR RACE 7 M	IE H. ETRA		ATH COT.	16 1967 ER 1 YEAR 1 IF UNDER 24 HRS
3.	-	<u></u>	B. DATE OF BIRTH	last birikday) Months	
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	a USUAL OCCUPATION (Give kind of work done ring mast of working life, even if retired)	106 KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State,		COUNTRY ?
L	Housewife		CUMBERLAN	in Ma	u.s.
I:	I. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Clifford El	liott	Mary Lyn	ch	
1	. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dates of serv	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	Md
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F	1B. CAUSE OF DEATH (Enter only one cause pe	r ing far (a), (b), and (c).)	drateus te	TIL. A. BIROLE A.	NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	(erebro-Vasce	May Gacu	Sout	SINSE V AND DEATH
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CERT	OR CONTRIBUTING CAUSE OF DEATH		and the state of t		
		20d INJURY OCCURRED 20e PLAC	CE OF INJURY (Home, farm,	20f (City or town) [County) (State)
MFDICAL	Hour o.m.	While Mat While facto	ary, street, affice bldg., etc)	(cr [or rown) ((3,016)
	D.M. 14	at work — at work —	106.0	1. h = 11. 11	131 d (1) () 1
	21. I certify that (1) (this haspital saw the deceased alive on	attended the deceased from	death accurred at 12!	to Oct 16, 19	9 <u>67</u> , that (I) (we) last
	22g SIGNATURE	19 22, 0110 110	death accorded of 122 -		DATE S GNED
	22d SIGNATURE	5. A	ATTENDING MED.	STAFF 1	
	22c. PHYSICIAN'S	MD MD	PHYS LA DIRECTI	OR L PHYS L	0/16/67
	NAME (Type)	Levitsky	m L RAI	nied, ho	/
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2.	BURIAL, CREMATION, 235 DATE THEREOF 10/19/196			LOCATION (City or Town)	(County) (State)
L			Paul's Cath Ce		Alleg Md
	Tohn T Hafar In	ADDRESS	25a. REC D BY RE	GISTRAR 256 REGISTRARY	
	Tohn T Wafar In 2	during and other fix	Acriond Nathania	U LEET L	N N

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full director, page 3 should be detached far use as the burial-transit permit. Then please removes carbon papers. Pages should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14291 14302 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) a. COUNTY Prince Googes Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
Chaverly c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) lldays Forestville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address). d STREET ADDRESS B IS RESIDENC paper ON A FARM West Phila Rd. Pri nce Georges General Hospital NO 3 NAME OF 4. DATE Last Year DECEASED Oct .. 26 1067 Grav Samuel LD 3 and in any event, (Type or print) DEATH The law requires that the death certificate be executed 6 COLOR OR RACE 1E LUNDER 1 YEAR JE JINDER 24 HRS B. DATE OF BIRTH 9 AGE (in years 7 MARRIED JCS NEVER MARRIED lost by thooy) Months 3 Dec. 1904 Male Negro WIDOWED DIVORCED physician and chemical 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? INDUSTRY Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, Julia Bowen alexander Grav 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 1400 Westphalia Mrs. Geraldine 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospital or attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a). **DUE TO** stating the underlying couse be detached far use as the State Dept. af Health prior ta WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 NO DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part it of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (State) (County) Haur to m foctory, street, office bldg., etc.) ot work 21. I certify that (this haspital) attended the deceased from 19 67, to Oct. 26, 19 67, that (tk (we) last Oct. Page 4 may be retained 1967, and that death accurred AMM, from causes and on the date stated above. saw the deceased alive an Oct. 3,20 AN 22a. SIGNATURE 22b DATE SIGNED DIRECTOR XX Oct. 26,1967 PHYS director, page Shauld be filed 22d ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Prince Georges General Hospital Fidel J. Quintana, M. D. 23o. BURIA., CREMAT ON, NAME OF CEMETERY OR CREMATORY LOCATION (Cay or Town) REMOVAL (Specify) 2 VR A15 (4) 25M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 14304 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE **HEALTH DERT** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY 3 to Poge ō Prince George
b C.TY OR TOWN (If outside comparate limits,
write RURAL and give nearest town)
Clinton MARYLAND District of Columbia s certatrate should be executed within 24 hours ofter death. If ony delay e, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is forwarded to the Ch ef Medical Examiner's Office along with form, PM3, Pag C LENGTH OF STAY IN 16 c CITY OR TOWN (1 autside corporate mits, write RURA, and give nearest town) Departm DOA Washington d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp tal, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 514 Independence Ave.. State | Clinton Medical Center YES NO TO 3 NAME OF Middle 4 DATE Curlent eigh DECEASED lond? with the 10 Karla Joe Gutenbergx (Type or print) DEATH NEVER MARRIED | 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED last birthday) event with n 72 hours ofter death. 17 Feb., 1963 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or toreign country) 12 C.T ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Illinois 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Karl Gudenberg Anita Chidichimo 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17 INFORMANT 16 SOCIAL SECURITY NO. Address warl Gudenberg father same as 20 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Laceration of beain IMMEDIATE CAUSE (a). This certificate should please execute the cert ficate, writing the word DUE TO in any 6 Conditions, if only, which gove nse lo immediate cause (a), DUE TO stoting the underlying couse 0 puo 19 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) ar removal, PERFORMED? CERTIFICATION NO 30 shauld be 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mory in Part or Part L of Item 18.) 3 should PRIMARY Dor CONTRIBUTING [MEDICAL EXAMINER: Passenger, thrown from car in collision. CAUSE OF DEATH cremation, MEDICAL (20d. INJURY OCCURRED 20c TIME OF NURY Month, Day Year 20f. (City or town) 20e PLACE OF INJURY Iname, form. (County) (Stote) While of work Not While for your FUNERAL DIRECTOR: Page at work Clinton P.G. 34 19 67 Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry 🔀 , and in my opinion the funerol director. Homicide Undetermined monner deoth resulted from Natural causes C Aurcide Accident. be retained CHIEF MEDICAL EXAMINER Heolth prior to ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER ohn Kehoe, M.D., Riverdale 10-15-67 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 8 R AL, CREMAT OF (County) /67 Lee's Crematory REMOVAL ISpecit 10/16/67 washington, 250 RECD BY REG STRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) 196 Complan insh. D.C. home 6M 1/67



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely tyled in by the, taneral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carben papers. Pages France should be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14305

CERTIFICATE OF DEATH

PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived if institution Residence before admission)								
MARYLAND	Marykand Prince George's								
b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16	c CITY OR TOWN (if outside corporate imits write RURAL and give nearest town)								
Berusse Heights JYRS	Berwyn Heights								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?								
8/20-62000	8720—62nd Avenue YES NO								
3 NAME OF DECEASED (Type or print) ALICE 4 Middle	ADLEY 4. DATE OF Month 9 DOY YEAR 7								
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 99. AGE (In years lost birthdoy) Manths Doys Hours Min								
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NDUSTRY	11 BIRTHPLACE (County & State, or foreign country) Philadelphia. Penna.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
James Smith	Margaret S. Smith								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dotes of service)	INFORMANT Address								
No 220-46-6016 /	TRS HLICE (LAHARIY COUGH) CRY								
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BILATERAL HULL	YONARY Edema secondary interval BETWEEN, ONSET AND DEATH.								
THINEDIALE CAUSE (0)	1 1 1 1 1 1 1								
Canditions, if any, which gove) (b) TO Acute	Congestive / CART failure								
rise to immediate cause (a), stating the underlying cause last. DUE TO ARTERIO/SCLERO,	THE CARRIO LASCULAR 54R +								
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?								
A10	YES NO Z								
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Port I or Part II of Item 18.)								
	PLACE OF INJURY (Hame, form, 20f (City or town) (County) (Stote)								
Hour a.m. 19 While Not While of wark of wark	actary, street, office bldg., etc)								
21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 1907, and the									
22a. SIGNATURE	ATTENDING AMED. STAFF 22b. DATE SIGNED								
	M.D. PHYS. DIRECTOR PHYS.								
NAME (Type) WL, ETIENNE, M.D	COLLEGE PARK Md.								
23a. BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY O	OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)								
Burial Oct. 12,1967 Fairfax Com									
24. FUNERAL DIRECTOR Everly Funeral Home ADDRESS	250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
By Onwo Mgr. Fairfax	, Va. DATEULI 1 b 1961 frances guages								



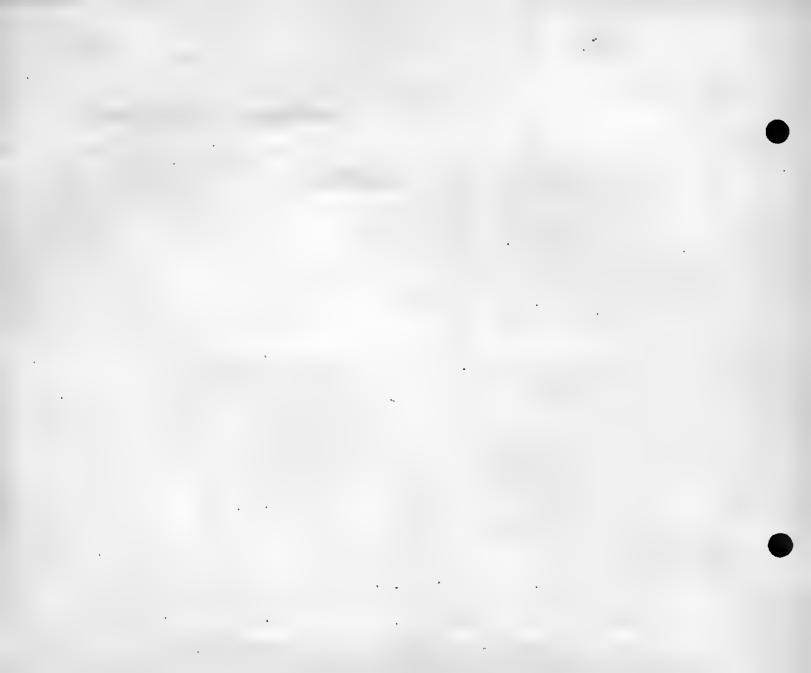
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TE ·		1430					CERTIFICATE			1	4306	A
T.		PLACE OF DEATH					2. USUAL RESIDENCE	(Where dece			nce before od	m (Ssion)
		o (OUNTY	nce George	le	,	#ARYLAND	o. STATE Maryland		b. ((OUNTY DOG GOO	nraels	
		L CIY OR TOWN (nce George t outside corporate limits I give nearest town)	5,	c. LENGTH OF ST		c CITY OR TOWN (II	outs de corpo	rote limits, write	RLRAL ond giv	e neorest toy	MΠ)
		write RURAL ond	give neorest town)		DOA		Hillsid				16	/
	-	d NAME OF HOSPITA	verly	ot in hospitol,	give street oddress		d STREET ADDRESS	8			e is	RESIDENCE N A FARM?
			eorge Gener				1109 57th	Agray	210		YES	N A FARM?
	3	NAME OF		rst no:	Middle		lost	4 DATE	M	ionth		TooY
		DECEASED (Type or print)	Will	ร์าก		L	allman	OF DEAT	н -	10	7	1967
		SEX	6 COLOR OR RACE	7 MARRIED	NEVER MAR	RIED	8 DATE OF BIRTH		9 AGE (n years	FUNDER		LNDER 24 HRS
	Me	le	White	WIDOWED		RCED 🗍	25 Sept. 1	205	lost birthday)		Doys Ho	ours Mn
	10c	USUAL OCCUPATION	(Give kind of work done	1Db K	IND OF BUSINESS O	R	11 BIRTHPLACE (Sto	le or foreign		1 12 (TIZEN OF WH	IAT
	dur	ng most of work ng	levator E	ngr.	IDLSTRY		Phil.	Po.		US.	OUNTRY?	
	13	FATHER 5 NAME	TO ACCOL D	1511			14 MOTHER'S MAIDE			1 00	1.6	
		Was	hington H	allmon			Cotho	nino	McGinle	3.0		
	.5.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY N	0 17.	INFORMANT 1:	i fe		dress		
	T.	s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of 12-9-17 1-	service)		1	ngaret J. I		80	on Tta	.40	
	F	18. CAUSE OF DE	ATH (Enter only one cou	ise per line for	(o), (b), ond (c),)		7, 21 00 0 11	A site with a last of the	1 0 (12)	<u> </u>	INTERVA	U BETWEEN
		PART I DEAT	H WAS CAUSED BY IMMEDIATE CAUSE	W Hear	t failur	e					ONSET A	AND DEATH Les
		4201	DUF	TO Arte	rioscler	otic h	eart diseas	50				2 yrs.
		Conditions, if ony,	which gove	(b)	100001	0010 11	CGI U GIDOG					9100
		rise to immediate stating the under		TO								
		lost.	Tyling Couse	(t)								
	_	PART II OTHER S	SNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BLT NOT	RELATED TO	THE TERMINAL DISEASE C	ONDITION GIV	VEN IN PART I(o)		19 WAS	S AUTOPSY FORMED?
,	CERTIFICATION		_								YES	
	E	2Do EXTERNAL CA	LSE WAS	20b DE	SCRIBE HOW NUR	Y OCCURRED	(Enter noture of nury i	n Port I or Po	ort I of stem 18.)			
	GR	PRIMARY Tor CON CAUSE OF DEATH	ATRIBUTING									
	MEDICAL	2Dc TIME OF N.L	RY Month, Doy, Year	20d I	NJURY OCCURRED	2De PLA	CE OF NJURY (Home, fo	rm, 20f	((ty or town)	(Cc	(Ytnuc	(stote)
	MED	Hour o.m	1.0	While of wor			tory, street, office bldg., et	[c.]				
							eld on Autopsy 🔲	Insper	tion [v] Ir	aury Sc.	and in	my oninio
			ed from: Noture				tide [], Homic o					my opinio
		0.00-11 103011) Holoic	177			CHIEF MEDICA			driiidi		
		ACTUAL SIGNATURE	111	2/	W/	0	M D ASSISTANT M				22.	DATE SIGNED
		EVAMINED'S	1	1-1-		-	DEPUTY MED			-		
		NAME (Type) J	hn/Kehoe,_	M.D.	Riverda	le, Md					10-	-2-67
	230	BURIAL CREMATIO	N 23b DATE THE	EREOF	Riverda 23c NAME OF	CEMETERY OR	CREMATORY		OCATION (City or	Town)	(County)	(Stote)
		REMOVAL (Specify	Oct. 6.	-1967	Fern }	lood C	3 eterv		Fern Wo	od, P	7.	
	24	EUNID , D RECTO	mora	Brin	ADDRESS		2So RE	C'D BY REGIS	TRAR 2Sb	REGISTRAR'S	SIGNATURE	
	1,	Si Hone	Pros1(1)	-Gnod	ope Rd S	E W.	h TO DATE O	CT 4	1967	Juan	las you	idge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14307 2 1 2 US MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAN HEALTH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o COUNTY o. STATE Maryland b COUNTY any delay is , 2, and 3 to P.M.3. Page Prince George's Prince George's MARYLAND b CTY OR TOWN (If outside corporate mits. c C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RURAL and give nearest town) DOA Cheverly Clinton d NAME OF HOSPITAL OR ASTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? Morm Prince George General Hospital 8205 Milligan Lane YES NO F **UMINER:** This certificate should be executed within 24 haurs after death the certificate, writing the word "pending" in pencil in Item 18. Give Rage 4 should be farwarded to the Chief Medical Examinar's Office along with 3 NAME OF Midd's 4 DATE Alias Hunigan DECEASED (Type or print) Spencer DEATH F UNDER 1 YEAR Hamm S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS burnal-transit permit. File pages 1 and 2 wit lost birthdoy) Months Hours in any event within 72 hours after death. WIDOWED DIVORCED June 1943 White Male 10o. USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHP ACE (State or fore an country) 12 CITIZEN OF WHAT during most of working life, even fretired)
Electrican COUNTRY? .NDUSTRY USA Virginia 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME William A Hamm Betty Sue Manuel IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service)
YES 16. SOCIAL SECURITY NO. 17. INFORMANT Address William A. Hamm Same As 2 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Bilateral hemothorax DUE TO Conditions, if any, which gove (b) Laceration of spleen and left kidney rise to immediate couse (a) DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? ar removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) CATION please execute the certificate, YES S NO pe l 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port Lor Port 1 of item 18.) 3 should CA.. SE OF DEATH Driver of car which ran off road and hit a guard rail crematian, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home_form 20f (City or town) (Stote) While Not While of work factory, street, affice bidgliete) Wash. Beltway, north of Rt. 202 10:30arpm 10-8- 19 67 21. I certify that I took charge of the remains described above held an Autapsy [x]. Inspect on 🔀 Inquiry . and in my opinian death resulted fram: ✓ Accide#t X Undetermined monner Natural cooses Suicide Hamic de be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED TO FUNERAL DI Heafth prior to ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. 10-9-67 May Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION DATE THEREOF 23d LOCATION (City or Town) (County) Burial 10/11/67 Cedar Hill Cemetery Prince Georges, Maryland 24 FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 250 REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR A 15ME (5) Melonely Judge 1967 6M 1/67 4308 Suitland Road, Suitland, Maryland



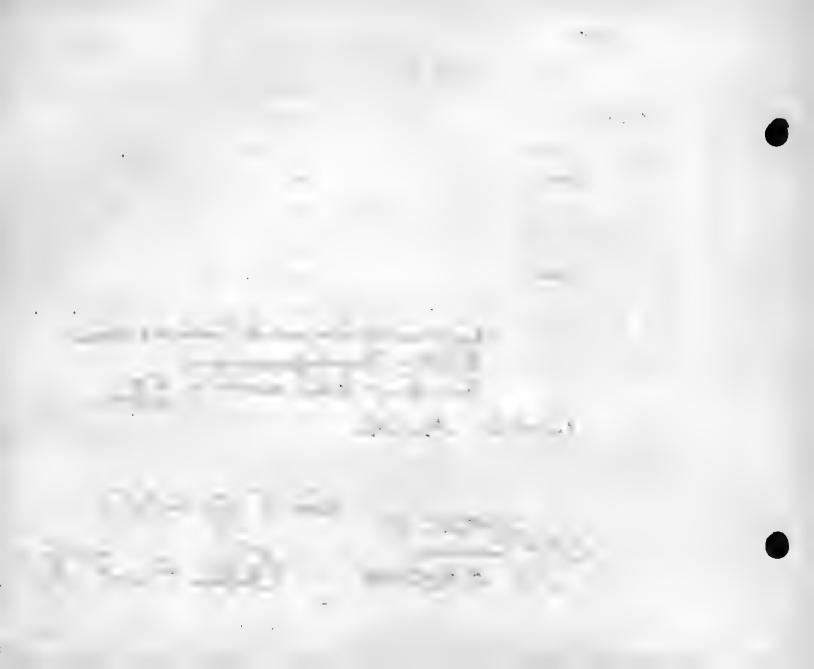
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY GRORGE KINCE MARYLANO b/City OR TOWN (if outside corporate limits, write RURAL and give nearest town) (If outside corporate limits, wrife RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Pr. Geo. General Hosp. NO DO executed within NAME OF First Month Middle DATE Year DECEASED OF DEATH comple event, (Type or print) 196 6. COLOR OF RACE 5. SEX DATE OF BIRTH AGE (In years | IFUNOER 1 YEAR last birthday) | Months | Cays IF UNOER 24 HRS 7. MARRIEO NEVER MARRIED Days Hours WIOOWEO [DIVORCEO 2 Yrs. attending physician a ermit. Then please re on, or removal, and in E 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT þ during most of working life, even if retired) INOUSTRY COUNTRY? USA death certificate CON FATHER'S NAME 20 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unknown) | (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN The law requires that the ONSET AND GEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. **OUE TO** Conditions, if any, which risa to immediate OUF TO cause (a), stating the 9 underlying cause last. as SEMA CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMEO? certificate NO F YES PHYSICIAN: 202. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) this certification for the formal of the for MEDICAL TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (State) 20f. (City or town) (County) Hour a.m. While Not While After ATTENDING 19 at work at work ould the 21. I certify that (I) (this hospital) attended the deceased from 196 19<u>42</u>, that (I) (we) last ECTOR: 3 should saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE OATE SIGNED DIR page ATTENDING PHYS M.O. OIRECTOR PHYS TO HOSPITAL TO FUNERAL PHYSICIAN'S 22d. AOORESS director, p VANE (Type) LOCATION 23a. BURIAL, CREMATION, 1 23b. CEMETERY OR CREMATORY (State) REMOVAL (Specify) FUNERAL OIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



1		MAI	RYLAND STATE DEPA	ILLINIAN OF SIMPLES	ADVIAND 01001	
		14304 Item #7 Film	G393 12/12/67	CTOFET BALTIMORE, M		4200
£ _~£ /			CERTIFICATE	OI DEATH		4309
death.	1	LACE OF DEATH COUNTY		o STATE	eceosed fived, if institution Res	sidence before admission) E- GEORGE
	-	CITY OR TOWN (If outside corporate limits,	MARYLAND	Maryland	PRINC	E GEORGE
24 haurs after ad in by the figure 172 hours offer.		write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	CLIN OR TOWN (If outside call		give negrest town)
Illed Impapers.		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, giv	e street oddress)	d STREET ADDRESS	1 0	e. S RESIDENCE ON A FARM?
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requires that the death certificate be executed within g physician. I signed by the attending physician and completery tills burial-transit permit. Then please remove certoon pass burial, crematian, ar removal, and in any event, within	3	AME OF First PECEASED (YPE or print) FL CANY	C, H	A RLESS OF	ATH Octob	Doy Year 3 19 67
complete of the part of the pa	5	X 6. COLOR OR RACE 7 MARRIED		DATE OF BIRTH	lost birthday) Mont	IDER I YEAR F JNDER 24 HRS
ond co	10o	777/7	OF BUSINESS OR	11 BIRTHPLACE (County & State,	79 yrs	2 CITIZEN OF WHAT
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ertificate b physician o nen please naval, and ii	13.	MICKS HIPIES	00	14. MOTHER'S MAIDEN NAME	MOVER	
th certi ling ph . Then remay		WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SO	CIAL SECURITY NO. 17. IN	FORMANT	of Address A	O. ST. JOHNS LAND
ne death cer attending p permit. The	(Ye	no, or inknown) (If yes give way or dotes of service)	KNOWN +	AUL HARLE		TCITY, MO.
the crisit produced in the crisit program in the crisis produced in the critical produced in th		18. CAUSE OF DEATH (Enter only one couse per line for (a PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)), (b), ond (c).) RIAL FIBRI	11. 07.11.7		INTERVAL BETWEEN ONSEL AND DEATH
quires that t physician. signed by the burial-transit burial, crema		HOLO DUE TO	(12 ()	00777010		1.06-
equires the physician signed by burial-trai		use to immediate couse (a)	S. H. D.			Cross,
e faw rec fending p s been si as the b		stoting the underlying couse Oct.	end color	Hard Fo	uhe	CNG.
a w a =	2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE COND TION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
JAN: The tal ar att ficate ha far use far use fealth f	CATIO	Cy reme	red aga	· Kydo	duran	YES NO
PHYSICIAN: 'e hospital ar his certificate stached for us Dept. af Health	MEDICAL CERTIFICATION	200 ACC DENT WAS UNDERLYING ☐ 20b. DESC OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED. (I	inter nature of injury in Port I of	Port II of Item 18)	
PHYSIC he haspi this certi efached Dept. a	DICAL		JRY OCCURRED 20e PLACE	OF INJURY (Home, form 2 ry, street, office bldg., etc.)	Of (City or town)	(County) (Stote)
by the free the state of State	W	pm. 19 of work	ot work	ly, sheet, office blug, etc.)	7 / / >	,,,
A A TE		21. I certify that (I) (this haspital) attende saw the deceased alive ap	d the deceased fram	death accurred at	At from ray sas and a	that (1) (we) la in the date stated above
ATTE tain tain that		220 SIGNATURE	ie , unu mur			DATE SIGNED
OR ATTENE be retained DIRECTOR: A ge 3 shauld led with the		(locute fre	her no sind	ATTENDING MED DIRECTO	R PHYS	10/3/4
		22c. PHYSICIANS NAME (Type) PABERT A	ERKLE	22d. ADDRESS	YSKENDKIC. DYWINE, H	R KOAD
TO HOSPITAL Page 4 may TO FUNERAL director, pag Sshauld be fill	230	BURIA_ CREMATION, 23b, DAY THEREOF, REMATALISPERING	23c NAME OF CEMETERY OR CO	REMATORY 23c	LOCAT ON (City or Town)	(County) (State)
VR A15 (4)	24	FUNERAL DIRECTOR	ADDRESS / 11CT	57.00		R S SIGNATURE
25M 1/67		V.W.CHAMBERS CO.	NC. WASH.	DICI DATOCT 6	1967 Jelis	weer Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 * 4305 CERTIFICATE OF DEATH 14310 Leland Memorial Hospital 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o STATE Prince George Prince George Maryl and b. CITY OR TOWN (If autside carparate limits, r LENGTH OF STAY IN 1h c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haun Raverdale davs College Park d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 9514 Rhode Island Leland Memorial Hospital NAME OF First Middle Last 4 DATE Year Day DECEASED Harr Elinor DEATHOCtober 1967 (Type of print) S SEX IF UNDER 1 YEAR & JANE OF BIRTH AGE (In years IF UNDER 24 HRS & JULLE OR RACE 7 MARRIED **NEVER MARRIED** last_birthday) Months Haurs DIVORCED Female White WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY USA USA Virginia None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, Pinkney Larrick. Cora Scaggs, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. College Park (Yes, no, or unknown) (If yes give war or dates af service) Scaggs, Lucy, 9514 Rhode Is. Av. 18. CAUSE OF DEATH (Enter only one couse per line for (a) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave a rise to immediate couse (a), **DUE TO** stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT REMAND TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ğ 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF NUTRY Month, Day, Year 20d .NJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour am. Nat While factory, street, affice bldg . ate: at wark 21 | certify that (1) (this hasoutal) attended the deceased from , and that death occurred O FUNERAL DIRECTOR: saw the deceased alive on C from causes and an the date stated above 22g SIGNATURE ATTENDING M.D PHYS Page 4 may b PHYSICIAN'S 22d ADDD NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION (State) (City or Town) (County) Beltsville 'ro Geo St John's Cemetery Oct 28, 1967 24 FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md.



1	Items 18&21 Film 396 MARYLAND STATE DEPARTMENT OF HEALTH 12-22-67 ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201
FOR STATE	*4308 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEATH Sportmen of the s	PLACE OF DEATH o COUNTY Prince George's MARY_AND D CITY OR TOWN (If outside corporate limits, write RyRAI and give nearest town)
= = = = = = = = = = = = = = = = = = = =	write RURAL ond give neorest town) Cheverly I 9 min. Hyattaville—Kentland, Md. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street oddress) Prince George General Hospital 2914 Markham Lane VES \(\text{NO} \) VES \(\text{NO} \) VES \(\text{NO} \)
after deoth I	Anna Iouise Hester S SEX 6 COLOR OR RACE 7. MARR ED NEVER MARRIEO B DATE OF BIRTH S SEX 6 COLOR OR RACE 7. MARR ED NEVER MARRIEO B DATE OF BIRTH 9 AGE (n years FUNDER 1 YEAR 1F UNDER 24 HRS
	Female White WIGOWED DIVORCED 21 Feb. 1925 42 yrs 100 JSUAL OCCUPATION (Give kind of work done during most of working lie, even if retired) NDUSTRY own home Ohio 12 Feb. 1925 42 yrs 12 CITIZEN OF WHAT COUNTRY?
d within in pencil Examine File pag 2 hours	13 FATHERS NAME RussellA. Brown sr 14 MOTHERS MAIDEN NAME Mabel M Pressel
executed anding" in Medical E permit. F	15 WAS OFCEASED EVER IN J.S. ARMED FORCES? (Yes, no, or unknown) (fyes give wor or dotes of service) 16 SOC A. SECURITY NO (Yes, no, or unknown) (fyes give wor or dotes of service) Edward J Hester Hyattsville, Md.
shoule wo of the burnal ony	INTERVA. BETWEEN PART I. CEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Asphyxia DUE TO Aspiration of gastric contents Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. DUE TO INTERVA. BETWEEN ONSET AND DEATH DUE TO Spiration of gastric contents (b) DUE TO Etiology undetermined (c)
R: This certificate intrificate, writing the uld be forwarded to uld be used as a confidence or removal, and in the used of th	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH L NOT REATED TO HE TERMINAL DEASE NO IN GIVEN IN PART L(a) 19 WAS AUTOPSY PERFORMED? YES NO 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of Injury in Part Lor Part II) of Idem 18) PRIMARY Or CONTRIBUTING CAUSE OF GRATH
1	20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 18) PRIMARY OF CONTRIBUTING CAUSE OF OEATH 20c TIME OF INJURY Month, Day Year Hour o'm pm 19 20d No. CRED (Enter noture of injury in Part I or Part II of Item 18) 20e PLACE OF INJURY (Home form foctory, street, office bldg, etc.) (Stofe)
DEPUTY MEDICAL EXAMINATESSARY, please execute the efuneral director. Page 4 showy be retained for your from burior to buriol, crematically prior to burior t	21. I certify that I took charge of the remains described above, held on Autopsy 🔀, Inspection 🔀, Inquiry 🛣, and in my opinion death resulted from Natural Guyes Accident 🔲, Suicide 🔝, Hamicide 🔝, Undetermined manner
ry, Perdl Se Pric	ACTUAL SIGNATURE EXAM NER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street city, town or county) 22. Date signed OEPLTY MEDICAL EXAMINER Address (Street city, town or county) 10-9-67
TO DEPU necessar the func 5 may 1 TO FUNE Heo'th	230 BUR AL (REMATION, During Specify) Oct 13, 1967 Burnal (REMATION) Oct 13, 1967 Clen Haven Cemetery Donnellsville Clark co Ohio 24 FUNERAL CIRECTOR AOORESS 250 REC'O BY REGISTRAR'S SIGNATURE
VR A15ME (5) 6M 1/67	F. Gasch's Sons Hyattsville, Md. 250 REC'D BY REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR'S SIGNATURE 251 DATE OCT 11 1967. Younge.



MARYLAND STATE DEPARTMENT OF HEALTH *Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a STATE b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If autside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carpargte limits, write RURAL and give nearest tow write RURAL and give necrest town) d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? bony pape NO D YES 3 NAME OF i ast DATE Month Day Year signed by the attending physician and completely burial-transit permit. Then please remove carbon DECEASED OF DEATH (Type or print) Hicks 1967 SEX 6. COLOR OR RACE IF JNDER YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years last birthday) Manths Days Hours and in any female white DIVORCED WIDOWED 10a JSJAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHA during most of working life, even if retired COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM! or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 **INFORMANI** (Yes, na, or unknown) (If yes give war or dates of service burial, cremation, 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH NEPSTIVE HUMR IMMEDIATE CAUSE (a) DUE TO CARDIOVASCULAR DISERSE Conditions, if any, which gave rise to immediate cause (a), DUE TO for use as the t Health prior to b stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? MELLITUS NO D by the hospital or 20g ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) detached for the second of the OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) Haur a.m. Not While factory, street, affice bldg. etc.) at wark at wark ě 21. I certify that (I) (this hospital) attended the deceased fram 1967, to_ be retained plnods and that death accurred at SAM, from causes and an the date stated above. saw the deceased alive an 22a SIGNATURE 22b. DATE SIGNED MED DIRECTOR STAFF M.D. irector, page hould be filed 22c PHYSICIAN S ADDRESS KAME (Type) J. 612 Main Street, Laurel, Md. Richard Compton, M. D. hould NAME OF CEMETERY OR CREMATORY LOCATION (City or Town 23g BURIAL CREMATION (State) (County) REMOVAL (Specify) FUNERAL DIRECTOR VR A15-(4) DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH affer PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, Il institution, Residence before admission) a. COUNTY **b.** COUNTY Prince George 축건·축 MARYLAND ∇ b. CITY OR TOWN (if outside corporate I mits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give necrest town) write RURAL and give negrest town Filled in Pages 1 RURAL-Upper Marlberough 16 yrs. RURAL-Upper Marlborough papers. P≡ges n 72 hours, aff d. NAME OF HOSPITAL OR INSTITUTION (it not in pospital, give streat address)

Chelsea Farm, Box 2336 d. STREET ADDRESS 4. IS RESIDENCE ON A FARM? Chelsea Farm, Bex 2330 YES X NO completely 3. NAME OF Middle DATE Month Year DECEASED OF carbon pa (Type or print) Hma ti w DEATH October 19 67 20. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) WIDOWED [DIVORCED certificate attending physician Then please remove 10e. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if relired) any Ukrania Ukrania Tebacce Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death .5 Unless wa Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address law requires that the removal (Yes, no, or unkown) (Hyesgive weror delesol service) Anna Hnativ- Same as Item #2. certificate has been signed by the permit. attending physician. IB. CAUSE OF DEATH |Enter only one cause per lipe for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, the burial-transit burial, cremation, **DUE TO** Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) 19. WAS AUTOPSY CERTIFICATION 8 0 PERFORMED? US9 prior YES I NO Z 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part I) of item 18.) may be retained by the DIRECTOR: After this c 3 should be detached for ρ OR CONTRIBUTING | CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20s, PLACE OF INJURY (Homa, farm,) Month, Day, Year 20f. (City or town) (County) (Stelle) fectory, street, office bldg., etc.) While Not While Hour a.m. ō et work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from.... 194. 1, that (I) (we) last On from the causes and on the date stated above and that death occurred at. 13 saw the deceased alive on 22a. SIGNATURE 22Ь. DATE ATTENDING M DIRECTOR PHYS. PHYS. death. Page 4 M.D. rector, page, HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Upper Marlberough, Md. Sasscer.M.D. Rebert 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) ₽ Suitland Maryland S H Buris Washington Nat'l Cem: 24 FUNERAL DIRECTOR'S SIGNATURE Bres.Fun'l Heme-Upper Marlbere, YR A15 DATE 20M 5-6

EPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14317

	PLACE OF DEATH o. COUNTY				2. USUAL RESIDE	NCE (Where deceased			e before admiss on)		
		GEORGES		MARYLAND		o STATE b. COUNTY 1					
	6 CITY OR TOWN (If outside carporate limits, if give nearest town)		ENGTH OF STAY IN 16	c CITY OR FOWN (If outside corporate Hmits, write RURAL and give nearest town)						
		AF BASE		NORTH BEACH							
	d, NAME OF HOSPIT	AL OR INSTITUTION (If not in	hospitol give st	reet oddress)	d. STREET ADDRES	SS			B IS RESIDENCE ON A FARM?		
	MALCOLM	GROW USAF	HOSPI	TAL	RT 1	BOX 251	+		YES NO 🔀		
	NAME OF	First		Middle	Lost	4. DATE	Mon		Doy Year		
	DECEASED (Type or print)	EMMA		L	HUARD	OF DEATH	OCT	OBER	26 19 67		
5	SEX	6. COLOR OR RACE 7	MARRIED 📉	NEVER MARRIED	8 DATE OF BIRTH	9. /	AGE (In years	IF UNDER I	Dovs Hours M.n.		
	FEMALE	CAU	WIDOWED 🔲	DIVORCED	23 Nov	Tarr	los 45 hday) yrs				
dur	USUAL OCCUPATION ing most of working HOUSEWI	(G ve kind of work done life, even if retired) FE	10b KIND OF	BUSINESS OR NA	· ·	ounty & State, or foreig			ZEN OF WHAT		
	FATHER'S NAME				14 MOTHER'S MA						
	ALLEN H	ARLOW			OLLIE M	AE ROBIN	ISON				
TS	WAS DECEASED EVE	R IN J S ARMED FORCES?	16 SOCIA	SECURITY NO	7 INFORMANDORT			229			
(∀€	NO	(If yes give wor or dates of sec NA	UN UN	К	HUSBAND	SAM	AS #	2			
		EATH (Enter only one couse p TH WAS CAUSED BY		o) and (c))	ac ne	7			INTERVAL BETWEEN ONSET AND DEATH		
	3	IMMEDIATE CAUSE (o) .		1 1 2		1.17			1		
Conditions, if ony, which gove) - (b) Medible magicardial interest							1	3 /2000 W			
	rise to immediat	e cause (o), (pur to	Pro 60 -		The second		/	/			
	stoting the unde	rlying couse									
) (i)	DIRIUTINO TO DE	TO DIST WAT ALL LYED	TO THE TEND HAL DISEASE	TE CON DITION CHUCK	14. 7.04.0 M		10 MAS AUTODS		
NOI	YAKI II OINEK 3	GNIFICANT CONDITIONS CONT	/		O THE TERM MAL DISEAS	SE CONDITION GIVEN	IN TAK! I(O)		19 WAS AUTOPS PERFORMED?		
FICATION	00 100000 7000		ner		PD (F.)	0.11.0.1	101		YES - NO		
CERT		S UNDERLYING LIST CAUSE OF DEATH MEDICAL EXAMINER)	SOP DESCRIBI	HOW INJURT OCCUR	ED (Enter nature of inju	iry in Port Lor Port L	l of ifem 18)				
MEDICAL	20c. TIME OF INA	JRY Month, Doy, Yeor	20d INJURY		PLACE OF INJURY (Home foctory, street, office bldg		City or lown)	(Cou	inty) (Slote)		
ME	n q	n 19	While of work	Not While of work							
	21. I certi	fy that (i) (this price	N) attended t	he deceased fran	26 dit	_, 19_627, ta_	266	29, 182), that (I) (++++) las		
	saw the a	eceasea alive an ===	5 CV-7	19_ <u>67</u> , ond	that deoth occurre	d 00 2 30 AM,	from couses	ond on th	ne date stated <mark>abov</mark> e		
	220 S GNATURE	1 Gran			ATTENDING _	MED.	STAFF _	22b. DA	ITE SIGNED		
	-	uns / NIO	recht		M.D. PHYS. L	D.RECTOR L	J ⊉HYS. ∟] 26	02767		
	22c. PHYSICIAN S	TOUTO O M	A DITT NE	OADW HCA	22d. ADDRESS				Hospital		
	NAME (Type	LOUIS G. M	ARTIN,	CAPT, USA	F, PC	Andrews	AFB.	Wash	DC_20331_		
230	BURIAL, CREMATIC			NAME OF CEMETERY		23d LOCA	TION (City or To	wn)	(County) (State)		
	REMOVAL (Specify	10/30/19	67	Arlington	n National		lington				
24	. FUNERAL DIRECTO		6	17DDRESS1th S		REC D BY REG STRAF		EG STRAR S SI			
	W.W.Chan	mbers, Co. In		Washington		10V 1 19	367 27	Leavel	By Jacob got		
-									·		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremat an, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film #G394_11/13/52 pb _____. 14319 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Prince Georges o. COUNTY Marvland Prince Georges MARYLAND b CITY OR TOWN (If outside corporate limits, cherter RuRA) and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **CLENGTH OF STAY IN 16** hours Beltsville DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS e. IS RES DENCE ON A FARMS Prince Georges General Hospital 6118 Odell Road event, within 7 YES NO [Middle NAME OF Lost 4. DATE Year DECEASED (Type or print) 19 67 Frederick Jackson Oct. DEATH 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH remove | Months Hours Male Colored WIDOWED 🔀 DIVORCED physicion and c nen please remo 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Store, or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova signed by the ottending phy burial-transit permit. Then burial, cremation, ar remova WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) by the hospital or attending physician. DUE TO Conditions, if any, which gave 1 rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of july in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) hour om factory, street, office bldg, etc.} Not While of work at work TO FUNERAL DIRECTOR: After 21 I certify that (1) *thischespitals attended the deceased from. 19 67, that (I) (week last to Oct. 7 TO HOSPITAL OR ATTENE Page 4 may be retained and that death accurred at 10:50M, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED MED XX DIRECTOR , page be filed 22d ADDRESS 22c. PHYS CIAN'S 13008-9th Street, Bowie, Md. 20715 Henry A. Wise, Jr., M.D. NAME (Type) directar, sshould b 230 BURIAL PREMATION, 23b DATE THEREOF REMOVAL (Specify) RECISIRARS SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 256 VR A15 (4) 25M 1/67



I	Items 18821 Film 396 MARYLAND STATE DEPARTMENT OF HEALTH 1-8-68 ams Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EVAMINED'S CERTIFICATE OF DEATH 1333	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH . 1432	()
THEALTH DEPT.	1. PLACE OF DEATH o COUNTY Prince George's MARYLAND D CTY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN Ib C CITY OR TOWN (If outside corporate I mits C LENGTH OR C CITY OR TOWN (If outside corporate I mits C LENGTH OR C CITY OR TOWN (If outside corporate I mits C LENGTH OR C CITY OR TOWN (If outside corporate I mits C LENGTH OR C CITY OR TOWN (If outside corporate I mits C LENGTH OR C CITY OR TOWN (If outside corporate I mits C LENGTH OR C C CITY OR TOWN (If outside corporate I mits C LENGTH OR C C C C C C C C C C C	2
f Jiny delay is 1, 2, and 3 ta rm PM3 Page Department	write RuRAL and give nearest town) Cheverly DOA Silver Spring d NAME OF HOSPITAL OR NSTITUTION (It not in hospital, give street address) d STREET ADDRESS e	S RESIDENCE ON A FARM?
20 0	Prince George's General Hospital 606 Beacon Road 76 3 NAME OF DECEASED (Type or point) Dorothy Suzanne Johnson DEATH 10-13-67	Year
D	S SEX 6 CO.OR OR RACE 7 MARRIED X NEVER MARRIED B DATE OF BIRTH female white widowed Divorced 1,1-29 32 38 yrs 100 USUA. OCC-PATION (Give kind of work done 100 K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 (III/ZEN OF	Hours Min
nin 24 ha ntil in Iter imer s Off oages I an rs after d	Juniat WANDUSTRY A Washington, U. C. PUNTRY? 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
toted waffigure in pen lical Exam Imit File p	Reginald William Smith 15 WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, ng prunknown) (f yes g ve wor or dotes of service) YES 17 INFORMANT Mr. William 9. Smith Silver Spring.	n Dr.
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death please execute the certificate, writing the word pending in pencil in Item 18 Give Pag director Page 4 should be farwarded to the Chief Medical Examiners Office along with etained far your files. DIRECTOR: Page 3 should be used as a larial-timest permit File pages land? with the Strict buriol, cremation, or remaval, and in any event within 72 hours after death	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	VAL BETWEEN T AND DEATH
his certif ate, writ e farwari be used c	PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND TON GIVEN IN PART 1(a) 19 YES	WAS AUTOPSY PERFORMED? NO
AMINER: This of the certificate. I should be fail and files. aur files. ge 3 should be u mat on, or remay	VES 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of Item 8 , CAUSE OF DEATH 20c TIME OF INJURY Month Doy, Year 20d Nursy Occurred 20e Place OF Injury (Home form foctory, street office bidg etc) 20f (Eity or town) (County) 20f (County)	(Stote)
TO DEPUTY MEDICAL EXAMIN necessary, please execute the the funera director Page 4 st 5 may be retained for your find FUNERAL DIRECTOR: Page 3 Health prior to buriol, crematic	21 1 certify that I took charge of the remains described above held on Autopsy X, Inspection X, Inquiry X and death resulted from Notucial cause X, Accident , Suicide Homicide , Undetermined monner X	n my op n.o
O DEPUTY MA necessary, plec the funera drin 5 may be reta 0 FUNERAL DI Health prior to	ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) John Kehoe M.D., Riverdale, Maryland Address (Street city town or county)	. date signed 10–14–6'
VR A15ME (5)	230 RURIA CREMATION, 23b DATE THEREOF [23c NAME OF CHMETERY OR CREMATORY 23d LOCAT ON (City of Town) (County) REMOVAL (Specify) Oct 17 1967 George Washington Cem. Hightswille, Circuland 24 FUND CREATER IS Thomas Ru 34 ADDRISON Cia High. 250 REC DRY REC STRAR SIGNATURE Lidenter C. Fundance County OCT 19 1967 Recorded June	1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4316 14321 CERTIFICATE OF DEATH Co e or GE 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH 6 COUNTY DEINC & GARDEN-MARYLAND b CITY OR TOWN (If autside carparate limits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside comorate limits, write RURAL and give nearest town) write RURAL and give negrest town) 67-10-1-67 LATUN d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? 6902 GARDENS NO OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF WIT Year DECEASED LNSON (Type or print) DEATH 103 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED 8. DATE OF BIRTH lost birthday) WIDOWED DIVORCED 1Do USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS, OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired INDUSTRY moretana 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal, VIRGINI WAS DECEASED EVER IN U.S. ARMED FORCESS 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 30-03-6053 - 54 me INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) signed by the burial-transit p burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave) rise to immediate cause (a). DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18) 2Do ACCIDENT WAS UNDERLYING F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dr. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m Not While factory, street, office bldg , etc.) 19 at work of work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1>45M, from causes and on the date stated above TO FUNERAL DIRECTOR: sow the deceased olive on. 22a SIGNATUR 22b DATE SIGNED DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION. 235 DATE THEREOF (County) (State) REMOVAL (Specify) ir vidence Meth. Ch. Cem. Montrose, Vinginia **ADDRESS** 2Sa. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14317 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY b CITY OR TOWN (If outside corporate limits c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Fairmont Mghts., write RURAL and give nearest town) Md. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS 902 59th XXXXXX Avenue NO YES NAME OF DECEASED Middle DATE Month Lost Doy Year OF carb 10 67 and in any event, (Type or pant) Ohes DEATH SEX 6 COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH remaye lost birthdoy) Negro Doys Hours Female WIDOWED X DIVORCED 10b. KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) 12. CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Georgia None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME directar, page 3 shauld be detached for use as the burial-transit permit. Then pl shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, XXXXX Louis Shellman Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Lottie Skipper 902-59th Ave. None 18 CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and (c) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying couse DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) FICATION NO " 20b OESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18) 200 ACC CENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. I.ME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Not While foctory, street, office bldg., etc.), at work 21. I certify that (1) This haspital attended the deceased from causes and on the date stated above. saw the deceased alive an 🎵 , and that death/accurred 220 SIGNATURE 22b DATE SIGNED MED. DIRECTOR 22c. PHYS.CIAN S NAME (Type) 22d ADDRESS FUNERAL 230 BURIAL, CREMATION, 23b DATE THEREO! 23c NAME OF CEMETERY OR CREMATOR) (Stote) Bu PEMOVA (Specify) 9 VR A15 (4) 25M 1/67 Inc.

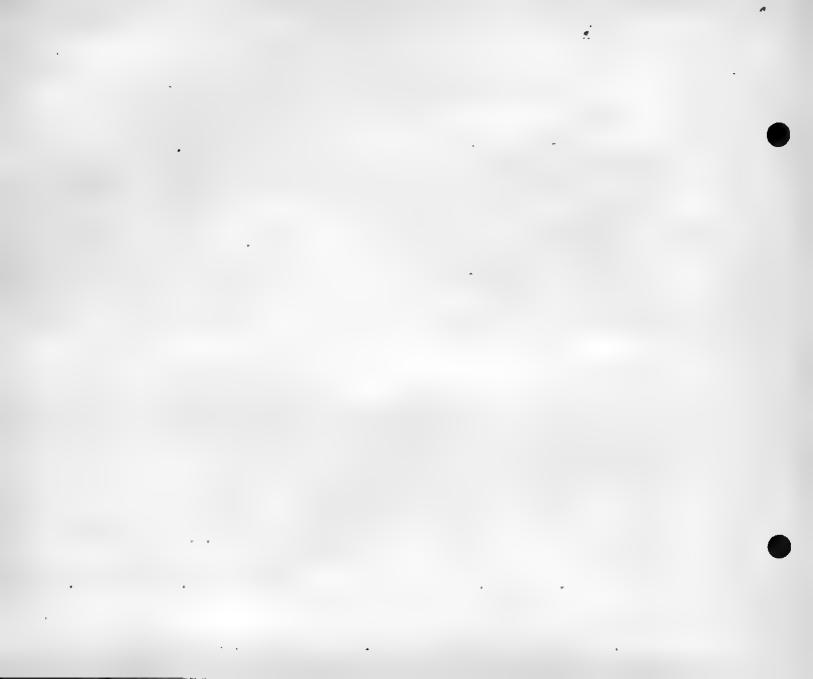


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		Cor institution (if a Georges Ge				d STREET ADDRES		eat Rd	#20	03	e IS REI DN A YES	FARM?
		Joanne	irst	Middle M		Karmel	4	DATE OF OCT	Mont obe	r 24,	1967	
s sex Fem	ale	6 COLOR OR RACE	7 MARRIED X WIDDWED [NEVER MARRI		7/3/47		9 AGE (In lost birth	years hday) yrs.	Months Months	Days Haurs	
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13. FATHE		arl J Thom	pkinson			14 MOTHER'S MA		itten				
(Yes, no, o	r unknown)	IN U.S. ARMED FDRCES? If yes give wor or dates	of service) 16 SC	OCIAL SECURITY NO		nformant onald ^L K	[arme]	l Land	Addre love		Md.	
	PART I. DEATH	ATH (Enter only one co I WAS CAUSED BY IMMEDIATE CAUSE		a), (b), and (c).) . era(13.	e.d	Percotn	,,+1.	š			INTERVAL B ONSET AND	
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PART 200 A	II OTHER SIG	NIFICANT CONDITIONS (ONTRIBUTING TO	DEATH BUT NOT R	FLATED TO T	'HÉ TERMINAL DISEA:	SE CONDIT!	ION GIVEN IN PART	1(0)		19 WAS AL PERFOR YES 🔨	NO [
OR CO	NTRIBUTING E	UNDERLYING CAUSE OF DEATH JEDICAL EXAMINER)	20b. DES	RIBE HOW INJURY	OCCURRED (Enter nature of inju	ury in Parl	I or Part II af stem	18)			
9	Haur a.m.	19	While at work		facto	E OF INJURY (Hame ory, street, office bldg		20f (City or f	σwη)	(Ca	unty)	(State)
2	1. 1 certify aw the dec	that (I) (this hoseased alive an-	pital) attende Y M	ed the deceased	fram_C and that	Ca 9 death occurre	_ , 19 <u>6</u> d o 12 : '		Ouses (, 19 <u>/</u> and on t	that (1) he date state	(we) lo
3		m. Talu	tetim		M.D			P.M. STAI	f		ate signed = 4-67	7
	PHYSICIAN S NAME (Type)	Dr. Thomas	M. Hut		·		ando	ver Rd.,			Md.	
Bur	AL, CREMATION DVAL (Specify) 1 a 1	Oct 27	ereof 7, 1967	23c NAME OF CE		ational		23d LOCATION (Co Suitland	l Pr	o Geo	Md.	(State)
	RAL DIRECTOR F. Gas	ch's Sons	llyatts	ADDRESS ville, M	d.		REC'D BY	REGISTRAR 3 0 1967	2Sb RE	GISTRARS S	SIGNATURE SING	ge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

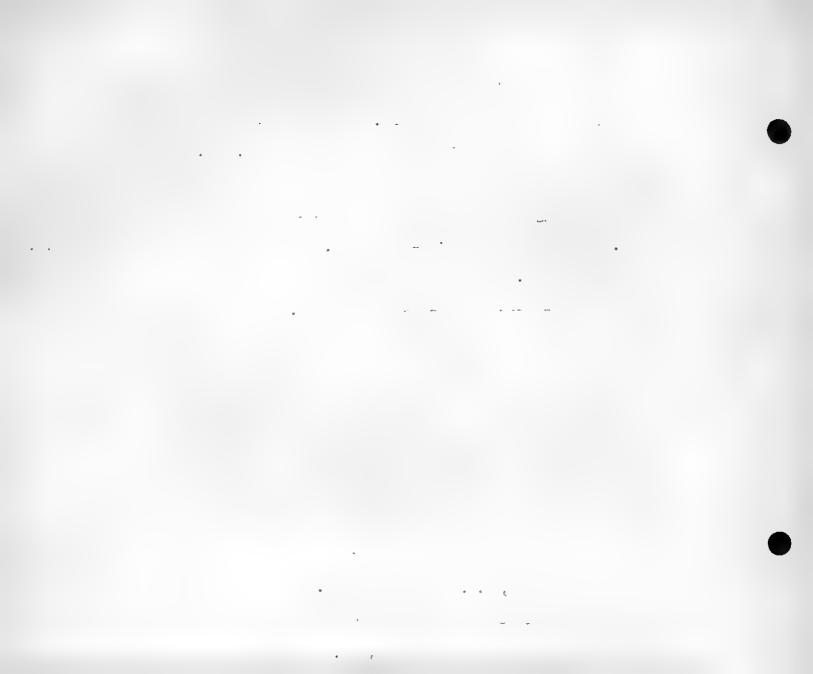
Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Them please remove carbon, pages, Pages 1 and



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #11 Film #G 7 ph 74319 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceosed lived, if institution Residence before odinission) completely titled in by the funeral nove carbon popers. Pages I and ny event, within 72 hours after deat PLACE OF DEATH o. COUNTY Maryland Prince Georges MARYLANT Prince Georges b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) r CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Mt. Rainier Cheverly 2 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM Prince Georges General Hospital 4310 Kaywood Drive YES NO T Middle 4 DATE remove carbon 3. NAME OF Year DECEASED (Type or pont) Baby Boy Kelly ond in ony event, DEATH Oct. 19 67 IF UNDER 1 YEAR SE UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years lost birthdoy) Months Hours Doys Oct. 17,1967 WIDOWED DIVORCED Male White ond (100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT signed by the aftending physician c buriol-transit permit. Then please berial, cremation, or removal, ond in during most of working life, even if retired) **COUNTRY?** INDUSTRY Cheverly, P.G. Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Lidden Kelly Janet Lorsev Lindell 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t).)
PART I DEATH WAS CAUSED BY. ONSET AND DEATH Immaturity, 600 mgs. IMMEDIATE CAUSE (o) by the hospital or attending physician. 7615 DUE TO Conditions, if any, which gove Primary atelectasis of lungs, bilateral rise to .mmediate couse (a). DUE TO far use as the l stating the underlying cause has been Cephalohematoma PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? YES TOL NO this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING tached f OR CONTR BLTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF NJJRY Month, Day, Year foctory, street, office bldq, etc.) Not While DIRECTOR: After Oct. 17, 19 67, to Oct. 17, 19 67, that (1) \$320 last 21. I certify that (1) theschespitals attended the deceased from. be retained saw the deceased alive an Oct. 17 1967, and that death occurred at 3:30PM, fram causes and an the date stated above 22b DATE SIGNED 22o. SIGNATURE ATTENDING Oct. 19, 1967 M D filed 1 director, page should be filed 22d ADDRESS 22c PHYSICIAN S Poge 4 moy TO FUNERAL NAME (Type) 2025 Eye St. NW. Washington, D. C.20006 Harry E. Altman. M. D. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, (REMATION)
REMOVAL (Specify) (Stote) 10-21-67 Prince George's Hospital Cheverly, Md. 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DDRESS 2Sq REC'D BY REGISTRAR VR A15 [4] 25M 1/67 Misuley Judge

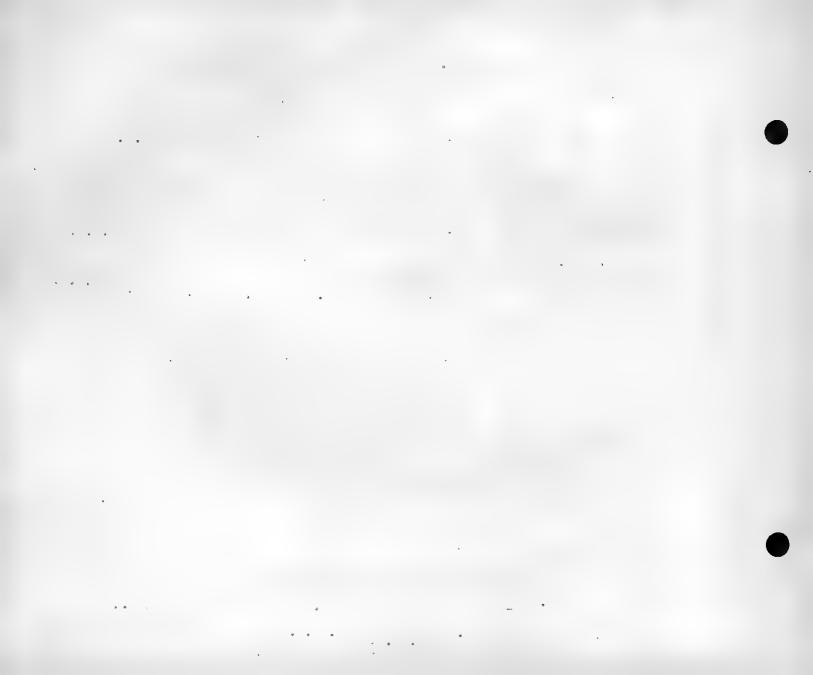


	MARYLAND STATE DEPARTMENT OF HEALTH	
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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence bet	
delay is and 3 to M3 Page	o. COUNTY Prince George's MARYLAND O. STATE Maryland Prince George	¹ S
deloy and 3 M3 Po	b (TTY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c CENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	rest tawn)
PM3 PM3 PPM3	Riverdale 20 min. Riverdale	1
es 1, 2, ar form PM;	d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
to de s	Leland Memorial Hospital 6357 64th. Ave.	YES NO X
offer death 8. Give Page olong with with the Stat	DECEASED	ay Year
Jan Span	(Type or prot) Joseph Keola Death O I S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors FUNDER 1 YEAR	
0 % o	last birthday) Manths Doys	s Hours Min
hours of Item 18. Office old I and 2 wi	100 ISSUAL OCCUPATION IG we kind done 100 KIND OF B. SINESS OR 1 BIRTHPLACE (State or foreign co.p.stv) 12 CTIZEN	OF WHAT
24 h 3 0 s 0 s 0 s 1 c	100 USUAL OCCUPATION (G ve kind of work dane during most of working life, even if retired) 100 KIND OF BUSINESS OR IT BIRTHPLACE (State or fare gn country) 12 CTIZEN COUNTRY Philco-Ford Corp. HAWAII	U.S.
within 24 pencil in caminer's le pages hours afte	13. FATHER'S NAME	
y with in per Exam File p	WOLLIAM K. KEOLA MATILDA	
ted vin of Example 172	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address (17. INFORMANT Address 18. SOCIAL SECURITY NO. 17. INFORMANT Address (18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS AND ADDRESS	
d be executed within 24 hours of "pending" in pencil in Item 18 Chief Medical Examiner's Office of tronsit permit. File pages land 2 weent within 72 hours after death	The state of the s	
e e e) nef N ef N rsit p	PART I DEATH WAS CAUSED BY	NTERVAL BETWEEN ONSET AND DEATH INDICES
should be e ne word "per o the Chief burial-tronsit		nknown
shou the the urial-	Conditions, if any, which gave) (b)	TIVITOMIT
te s the to to to bu	rise to immediate cause (a), stating the underlying cause DDF TO	
verificate should worthing the word worded to the CF sed as a burial-treation on any evial.	last. (c)	
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MINER: This the certificate, the certificate, the flow of the far files. Should be used to a should be used to remove the certification, or remove.	200 EXTERNAL CAUSE WAS 200 DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY or CONTRIBUTING 200 CAUSE DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)	YES NO X
# <u></u>	200 EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of Item 18.)	
AL EXAMINER: execute the certification of the certi	CAUSE OF DEATH 20c T ME OF NJURY Month, Day, Year 20d iNJURY OCCURRED 20e PLACE OF INJURY (Hame, form 20f (City ar tawn) ((aunty)	(Stote)
4 AMIP the the the the the the the the the the	20c T ME OF NJ_RY Manth, Day, Year 20d INJURY OCC_RRED 20e P_ACE OF INJ_RY (Hame, form factory, street, affice bldg., etc.) 9 m. 19 at wark at wark	
MINITAL EXA eose execute director. Poge estoined for you DIRECTOR: Page to buno!, cren	OF WORK - WE WARK	nd in my apinian
rrat cror. Per cror. Per cror. Per cror. Per cror.	death resulted fram: Natural Lauses 🔀 / Acciden 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner	, ,
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Y W gr J b e all did did did did did did did did did d	SIGNATURE MD ASSISTANT MED CAL EXAM.NER	22. DATE SIGNED
PUT sary nner y be IER/	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county)	0-18-67
TO DEPUTY M. In Tal. EXAM necessary, p eose execute the funeral director. Poge 4 5 may be retoined for your TO FUNERAL DIRECTOR: Page Health priar to buriol, crema	230 BLRIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County	nty) (State)
01 = 20 ±	DEMOVAL (Specific)	Hawaii
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS Zo. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	
6M 1/67	GASCH'S HYATTSVILLE, MD. DATE OF 2 2 19CT OF L.	-0-4-0-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14326 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24-hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTYPr. Geo. b COUNTY Pr. Geo. o. Slaryland MARYLAND b. CITY OR TOWN (If outside corporate minits, charte RURAL and give nearest town) c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 D. O. A. Colmar Manor a physician and campierery income from papers.
Then please remave carban papers.
The please and and Released. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? Pr. Geo. Gen. Hosp. 3506 37th Ave. YES NO PK NAME OF 4 DATE First Middle Month Doy Year DECEASED (Type or pnnt) MARY HOLIGN KIDWELL 23 67 Oct. 19 DEATH 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 56 birthdoy) 7/5/11 Hours Female White WIDOWED K DIVORCED 10b KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working ite, even if retired) Store Maryland 14 MOTHER 5 MAIDEN NAME 13 FATHER'S NAME i ed James M. Armiger by the attending pl Lelia M. Wood IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes mo, or unknown) (If yes give wor or dotes of service 217 26 5214 Florence W. Kidwell 능년 Same as # 2 Kehoe Not INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause pe PART I DEATH WAS CAUSED BY burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO for use us f Health prior to b stoting the underlying couse certificate has been WAS ALTOPS' PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO JOO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or fown) (County) (Stote) O FUNERAL DIRECTOR: After this ed with the State De Med. Exam. foctory, street, office bldg etc.) Hour om. 21. I certify that (1) (this haspital) attended the deceased fram be retained , and that death accurred at 100 M, fram causes and an the date stated above. saw the deceased alive an A 22o. SIGNATUR MATE SIGNED DIRECTOR director, page should be filed Deputy Me Laurel, Md. Robert Wingfield 23c NAME OF CEMETERY OR CHEMANORYS 230 BUR AL, CREMAT ON, 236 DATE THEREOF 23d. LOCAT ON (City or Town) (County) (Stote) B11 PSMOVAT (Specify) 10/26/67 St. Thomas Church Ceme. Croom Pr. Geo. Md. ADDRESS 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) 25M 1/67 JUCK Francis Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY Prince Georges Co. b. COUNTY District of Colimbia MARYLAND b. CITY OR TOWN THE BUTSIDE COPPORATE limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Hyart Rugil lands give nearest town) Washington .⊑ d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? executed within 24. ely mili Carroll Manor Nursing Home within 3300 Connecticut Ave. N.W. YES NOX 3. NAME OF Month Middle Last DATE Day DECEASED event, Car (Type or print) ARTHUR KINGSTON comple DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH гетоуе 7. MARRIED NEVER MARRIED any 2-24-1888 White and Male WIDOWED TX DIVORCED E 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT physician 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ease The law requires that the death certificate be during most of working life, even if retired) COUNTRY? U.S. Marine Corps and New York U.S.A. Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then John C. Kingston Alice Murphy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wash . D. C. d by the attenctransit permit. (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Edwin A. Rankin-3040 Legation St. N.W. 579-34-3686 Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ed by th ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ PRCINOMA OF attending physician. n signed the burial-tran DUE TO GENERALIZED METASTASES Cenditions, If any, which реел gave rise to immediate as the t **QUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) detached for the Dept. of H MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work et work p.m. the d 21. I certify that (i) (this hospital) attended the deceased from OIRECTOR: age 3 should like with the 3. M. from the causes and on the date stated above. 1967 and that death occurred at 2 saw the deceased alive on 10 22b. DATE SIGNED 22a. SIGNATURE ATTENDING Trompo OIRECTOR | PHYS. тау O HOSPITAL 03 22d. ADDRESS TO FUNERAL PHYSICIAN'S director, p HOMAS F. COLLINS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Arlington Nat'l. Cemetery Arlington, Va. Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 5130 wisc. Ave. N.W Ullianelan Joseph gawler's sons, Inc. VR AI5 (4) 20M 1/65



- 1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRI	ESTON STREET, BALTIMORE, MARYLAND 2120	וו
	14323 CERTIFICATE OF I	DEATH	14328
	1 PLACE OF DEATH PRINCE Georges Q. STA	L RESIDENCE (Where deceased fived, if institut an Residence b COUNTY	
기	write Rt.PAI and ave pearest town)	R TOWN (If autside carporate amits, write RURAL and give	nearest tawn)
	HYHTTS ULLES 10 YFS, d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET	T ADDRESS	e IS RESIDENCE ON A FARM?
		5 OTIS STREET N.E	YES NO
	DECEASED	ost 4 DATE Month OF DEATH 10	27 19 67
	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF WIDOWED DIVORCED 8/3/9	BIRTH 9 AGE (n years FUNDER) (2 Glost b rinday) Manths	YEAR IF UNDER 24 HRS Days Hauts Min.
		HPLACE (Caunty & State or foreign country) 12 CITU	ZEN OF WHAT
	Hense wife.	HER'S MAIDEN NAME	4.3.77 -
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN	112, Schmitt Address	
	(Yes, na, ar unknown) (If yes give war or dotes of service) 579-661161	Regio Carroll mo	Incu
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) One of the control of the cause of the cause per line for (a), (b), and (c)	niboxis	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO	Beat of	Yours
	rise to immediate couse (a), stating the underlying couse DUE TO	This is	1/2
	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED?
ed.	Essential holos Jensen benian; Ostis-and	thetes several mile	YES NO
	Essential hypersterm being a Course of Death or Contributing and Course of Death (If Either, Notify Medical Examiner) 20c. Time of Injury Manth, Day, Year Hour a.m. 20d. Injury Occurred Value of Injury Manth, Day, Year Hour a.m.	re of injury in Port I or Port II of item 1B.)	/
	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While Nat While of work at work	RY (Hame, form, 20f. (City or town) (Cour office bldg., etc.)	nty) (State)
	2) I certify that (1) (this besnituth attended the deceased from 19	60,19 to 30 21,196	that (I) (we) las
	20 SICHARIUE	accurred at 2011 M, fram causes and an th	e date stated abave FESIGNED:
	skyt Drennan & MD. Allen	DING MED. DIRECTOR DISTAFF DISTAFF	27/67
	22d. NAME (Type)	ADDR &S	,
	230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)	Y 23d. LOCATION (City or Town) (Wheaton, L'aryla	(Caunty) (State)
	REMOVAL [Specify] Burial 10/30/67 Gate of Heaven 24 FUNERAL DIRECTOR Jas. T. Ryan, Inc. 4/19/317 Pa. Ave., SE DC:		GNATURE See Vicinia
1	Jas.T.Ryan, Inc. 4/1/1/317 Pa.Ave., SE DC	3 DATE UL 3 1 1001	and hand an

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14329 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH Prince Georges 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) **b** COUNTY Prince George Maryland MARYLAND b CITY OR TOWN (If outside corporate simits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Berwyn Heights Riverdale two days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? paper. 63rd Ave. Memorial Hospital YES NO C NAME OF Middle DATE First Manth Year Last Doy etely DECEASED Wilhelmināa 10 26 19 67 carl DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 9. AGE (In years 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH last birthday) Months Hours and in any female white WIDOWED DIVORCED 8/30/85 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife - Ret Baltimore Maryland
14 MOTHER'S MAIDEN NAME USA At Home ar remayal, Koepper, Adolph Whitram. Carlina IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Addre Berwyn Heights (Yes, no. or unknown) (If yes give war or dates of service 63rd Ave. 8508 Eleanor. crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per line for (a), signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO burial. Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending be detached far use as the State Dept. at Health prior ta WAS AUTOPSY this certificate has PART I. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT LELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1401 CATION PERFORMED? 20b DESCRIBE HOW INJURY OCCURRED, lenter noture of injury in Part I or Part II of item 1B) 20a ACC DENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM.NER) MEDICAL 20c TIME OF INJURY Manth, Day, Year (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) Haur o.m. Nat While factory, street office bldg., etc.) OR ATTENDING at work **DIRECTOR:** After attended the deceased from 21. I certify that (I) (this has director, page 3 should shauld be filed with the saw the deceased alive and that deoth accorred M, fram pauses and an the date stated above. 22g, SIGNA CATE GIGNED ATTENDING DIRECTOR -M.D. PHYS 22d ADDRE O HOSPITAL O FUNERAL NAME (Type) OATE THEREOF 23g BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of REMOVAL (Specify) Washington Burial VR A15 (4) 25M 1/67 DANTIV

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14330 Item 2C Film PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY TINER b CITY DR TDWN (If outside corporate limit) c. LENGTH! OF STAY IN 16 c. CITY DR write RURAL and give nearest town) PHYSICIAN: The law requires that the death certificate be executed within 24 hours ANHAM d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RES DENCE ON A FARM? bon-pape Good luck R NO F NAME O First 4. DATE Month Year Doy DECEASED OF DEATH Oct. MARIE 1967 (Type or print) car buriol, cremotian, or removal, and in any event. S. SEX 6. COLOR OR RACE 9. AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH remove lost birthdoy) Months Dovs Hours WIDOWED DIVORCED pup 100, USUAL OCCUPAT ON (Give kind of work done 10b, KIND OF BUSINESS OR (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** physicion DANBURY-CONN, 11150 WI 13. FATHER'S NAME attending phys permit. Then p MARGARET BRENNA 15 WAS DESERBED LYER IN U.S. ARMED FORCES? 17 INFORMANT 16 SDCIAL SECURITY ND AVE. (Yes, no, or unknown) (If yes give wor or dates of service CARROLLTON, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH burnol-transit IMMEDIATE CAUSE (o' þ the hospitol or attending physician. DUE TO signed t Canditions, if any, which gove rise to immediate couse (o), DUF TD os the priar to b stating the underlying couse lost 19. WAS AUTOPS)
PERFORMED? hos PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) State Dept. of Health YES . NO F this certificate 20o ACCIDENT WAS UNDERLYING 20b DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF FITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg , etc) at work ot work TO FUNERAL DIRECTOR: After TO HOSPITAL OR ATTENDING Poge 4 moy be retained by 21. I certify that (1) (this haspital) attended the deceased from 3 that (I) (we) last 19 67, and that death accurred at 5457 saw the deceased alive-an M. fram causes and an the date stated above 22o. SIGNATURS 22b. DATE SIGNED M.D. DIRECTOR director, page should be filed PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOI 23c NAME OF CEMETERY THE 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) BridgePORT LAKEVIEW ADDRESS 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 1967



DIVISION OF STATISTICAL I	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI	MORE 1, MARYLAND
E T 1 225	CERTIFICATE OF DEATH	1-1331
1. PLACE OF DEATH . COUNTY -ince George	2. USUAL RESIDENCE (Where daceased lines, STATE	ved, If Institutions Residence before edmission
b. CITY OR TOWN (if oulside corporale limit write RURAL and give neeres! town)	its, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limit	Is, write RURAL and give neerest town)
d NAME OF HOSPITAL OR INSTITUTION (II	If not in hospital, give street eddress) d STREET ADDRESS	e. IS RESIDENCE
Madiana M 224 M raing 3. NAME OF DECEASED 77	Home 5001 5 ad five : Ul7 Ma inon Street 1	Month Day Year
(Type or print) KOSE	D. LOWERNSON DEATH O. t.	19 6
Cemolo ("ito	WIDOWED DIVORCED Oncugary 2 1987 97	hday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if ratired Housewife.	od)	ountry) 12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ا المكم أ
Cours Karl Dorma 15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (Ityesgive werer detes of se	ICES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
18. CAUSE OF DEATH Enter only one	578-62-3208 Mrs. Trances L. Pitman L.	117 Jison St. N.W.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	- Cerebral Thrombosic	ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause	Cerchal anternationic	yeur
(e), steting the underlying DUE TO		
PART II. OTHER SIGNIFICANT CONDITED TO THE PART III. OTHER SIGNIFICAN	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO F
203. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of item	
20c. TIME OF INJURY Month, Day, Yes	While Not While fectory, street, office bldg., etc.)	(County) (State)
	at work et work literated the deceased from	02/_, 196.7, that (I) (we) la
saw the deceased alive on /	10-17 1967., and that death occurred at 5.54M, from the ca	uses and on the date stated above
122c. PHYSICIAN'S	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d, ADDRESS,	SIGN
NAME (Type) DONAL	D. C. EDGKEN Hyattrulle	ml.
23e. BURIAL, CREMATION 23b. DATE THER REMOVAL (Specify)		George Co. Md.
ZA MONERA DIRECTOR'S STONATURE	Ten Cantadoress 250. REC'D BY REGISTRAR 25 250. DATE OCT 26 1967	b. REGISTRAR'S SIGNATURE
The state of the s	- July County Control of the Control	0 0

MARYLAND STATE DEPARTMENT OF HEALTH



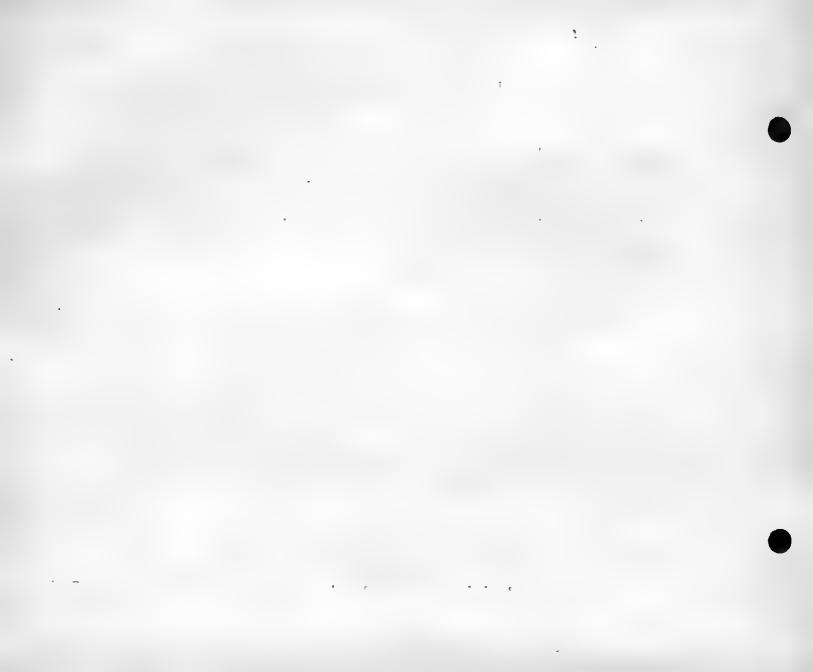
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14332 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) o. COUNTY o STATE **b.** COUNTY Prince George's Prince George's
b CTY OR TOWN (If outside corporate limits, MARYLAND Maryland c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RURAL and give nearest town) Riverdale 3 hrs. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RES DENCE ON A FARM? d STREET ADDRESS YES □ NG√ Prince George General Hospital 6213 Kennedt St. This certificate should be executed within 24 hours ofter death 4 DATE Month Year 3 NAME OF Last Doy DECEASED 1967 Idella DEATH 10 (Type or print) Lee 9 AGE (In years IF JADER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED 7 MARR FD last birthdoy) Months Hours in pencl in Item 18. WIDOWED . DIVORCED 10-25-1898 Female Negro
100 LSUAL OCCUPATION (Give kind of work done any event within 72 hours ofter death 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) COUNTRY 2 during most of working life even fretired)
Housewife INDUSTRY U. S. A. Georgia the certificate, writing the word "pending" in penal in 4 should be forwarded to the Chief Medical Examiners None 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Martha Ashe Fuller IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Riverdale, Md. 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) Betty Massey - 6213 Kennedy Street 8 CAUSE OF DEATH (Enter only one cause per ne for (a), (b) and (c)) over 2 mo PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Cerebral vascular occlusion DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying couse 9 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or removol, CERTIFICATION NO X YES 🗍 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of mury in Port Lor Port II of item 18) PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL (City or fown) 2De PLACE OF INJURY (Home form (County) (State) 20c TIME OF NIJRY Month Doy Year 2Dd INJURY OCCURRED factory, street office bldg letch While of work Not While at wark 21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection 31. Inquiry 😿 , and in my opinion Natural xauses XI. Acident J. Suicide J. Hamicide J. Undetermined manner death resulted from may be retoined FUNERAL DIRECT CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral DEPUTY MEDICAL EXAM NER 10-6-67 **EXAMINER'S** Riverdale, Md. John Kehoe, M.D. Address (Street ally town or county) NAME Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of T wn) 23b DATE THEREOF (County, 230 BUR A CREMATION REMOVAL (Specify) BAINBRIDGE, GA. 10/11/67 CHURCH CEMETERY BURIAL 250 REC D BY REG STRAR 256 REG STRAR S SI SNATURE 24 FUNERAL DIRECTOR Ocharles Judge VR A15ME (5) JOHN T. RHINES CO. FUNERAL HOME, 3015 12TH ST. DATOCT 6M 1'67



JE	### MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14333
	PLACE OF DEATH O. COUNTY 2 USUAL RESIDENCE (Where deceased liver or STATE	d, if institution Residence before admission) b. COUNTY
7		
	Prince George MARYLAND M.1 b CITY OR TOWN (It outside carparate Imits, write RURAL and give neerest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carparate Imits)	s write RURA, and give nearest tawn)
	Cheverly DOA Hillside d NAME OF HOSPITAL OR INSTITUTION (11 not in hospital, give street address) d STREET ADDRESS	16-1
	d NAME OF HOSPITAL OR INSTITUTION (11 not in hospital, give street address) d STREET ADDRESS	e IS RES DENCE On a Farm?
	Prince George General Hospital 6003 N St.	YES NO
	3 NAME OF First Middle Last 4 DATE OF OF	Manth Day Year
ŀ	(Type or print) Myra Christine Liverette DEATH	10 14 19 67
ı	S SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED 1 8 DATE OF BIRTH 9 AGE last	In years IF UNDER 1 YEAR IF UNDER 24 HRS birthday) Months Days Hours Min
ŀ	F W WIDOWED DIVORCED 12 June 1917	50 yrs
	10a JSJAL OCCUPATION (Give kind af work done during mast af working life, even if retired) Housewife 10b K ND OF BUSINESS OR INDUSTRY Virginia	12 CITIZEN OF WHAT COUNTRY?
		USA
ı	13. FATHER S NAME 14. MOTHER'S MAIDEN NAME	
-	Jacob Schaefer Susie Sutherland 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT	Address
	(Yes, na, ar unknown) ((If yes give war ar dates of service)	
	No Harry E. Liverette San	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
	TAKE I. DERIT WAS CAUSED BY:	J ONSET AND DEATH
	MMEDIATE CAUSE (a) Heart failure	ONSET AND DEATH Minutes
	IMMEDIATE CAUSE (a) Heart Tailure DUE TO	
	Canditions, if any, which gave isse to immediate cause (o). (b) Arteriosclerotic heart disease	
	Canditions, if any, which gave is to immediate cause (o). Stating the underlying cause (b) DUE TO Heart failure DUE TO Arterioscleratic heart disease	
	Canditions, if any, which gave isse to immediate cause (o). Sloting the underlying cause (c). Last. PART II OTHER S GNIFICANT COND LONG CONTRIBITING TO DEATH R. I HOLD REATED TO THE TERMINAL DISEASE COND TION GIVEN IN P.	over l yr.
	Canditions, if any, which gave isset to immediate cause (o). Canditions, if any, which gave isset to immediate cause (o). Stating the underlying cause (c). Lost. PART II OTHER S GNEIGANT COND. I ONE CONTRIBUTING TO DEATH B. I NOT REATED TO THE TERMINAL DISEASE COND. TION GIVEN IN P.	over l yr.
	Canditions, if any, which gave isset to immediate cause (o). Stating the underlying cause (c). Stating the underlying cause (c). PART II. OTHER S GNEKANI CONDITIONS CONTRIBUTING TO DEATH B. I NOT BE ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(a) 19 WAS A_TOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{S} \)
110000000000000000000000000000000000000	Canditions, if any, which gave rise to immediate cause (o). Stating the underlying cause (c). PART II OTHER S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART METERS OF CONTRIBUTING TO DESCRIBE HOW NIJERY OCCURRED (Enter nature of injury in Part II of in CAUSE OF DEATH.	ART 1(a) 19 WAS A_TOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{S} \)
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	Canditions, if any, which gave rise to immediate cause (o). Stating the underlying cause lost. PART II OTHER S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART AND THE CAUSE WAS PRIMARY OF CONTRIBUTING TO DESCRIBE HOW NURSY OCCURRED (Enter nature of injury in Part II of in CAUSE OF DEATH	tem 18)
	DUE TO Canditions, if any, which gave rise to immediate cause (o). Stating the underlying cause (c) DUE TO	TRT 1(a) 19 WAS A_TOPSY PERFORMED? YES NO tem 18) (Caunty) (State)
	DUE TO Canditians, if any, which gave has to immediate cause (a). PART II OTHER S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART III OTHER S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART III OTHER S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART III OTHER S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART III OTHER S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART III OTHER S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART III OTHER S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART III OTHER S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART III OTHER S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART II OTHER S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART II OTHER S GNIFICANT COND TO NOT THE TERMINAL DISEASE COND TION GIVEN IN PART II OTHER S GNIFICANT ON THE TERMINAL DISEASE COND TION GIVEN IN PART II OTHER S GNIFICANT ON THE TERMINAL DISEASE COND TION GIVEN IN PART II OTHER S GNIFICANT ON THE TERMINAL DISEASE COND TION GIVEN IN PART II OTHER S GNIFICANT ON THE TERMINAL DISEASE COND TION GIVEN IN PART II OTHER S GNIFICANT ON THE TERMINAL DISEASE COND TION GIVEN IN PART II OTHER S GNIFICANT ON THE TERMINAL DISEASE COND TION GIVEN IN PART II OTHER S GNIFICANT ON THE TERMINAL DISEASE COND TION GIVEN IN PART II OTHER S GNIFICANT ON THE TERMINAL DISEASE COND TION GIVEN IN PART II OTHER S GNIFICANT ON THE TERMINAL DISEASE COND TION GIVEN IN PART II OTHER S GNIFICANT ON THE TERMINAL DISEASE COND TION GIVEN IN PART II OTHER S GNIFIC	Tem 18) (Caunty) (State)
	Canditions, if any, which gave rise to immediate cause (a) OUE TO	tem 18) (Caunty) (State) Inquiry and in my apin.or mined manner
	Canditions, if any, which gave rise to immediate cause (a) OUE TO	Tem 18) (Caunty) (State)
	Canditions, if any, which gave rise to immediate cause (a) OUE TO	Tem 18) If was a Topsy PERFORMED? YES NO 19 NO
	Canditions, if any, which gave rise to immediate cause (a) OUE TO	Tem 18) (Caunty) (State) Inqu.ry and in my apin.or mined manner 22. DATE SIGNED 10—14—67
	Canditions, if any, which gave rise to immediate cause (a) OUE TO	tem 18) (Caunty) (State) (Caunty) (State) (Caunty) (State) (Caunty) (State) (Caunty) (State)
	Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. Ci	Tem 18) If was a Topsy PERFORMED? YES NO 19 Item 18) Inqu.ry 2 and in my apin.or mined manner 10 22. Date SIGNED 10-14-67 Ity) (Cty or Town) (Caunty) (State) Reference Georges Md
NO.	IMMEDIATE CAUSE (a)	Tem 18) Inqu.ry and in my apin.or mined manner 22. DATE SIGNED 10-14-67 (Cty or Tawn) (Caunty) (State) (Cty or Tawn) (Caunty) (State) 25b. REGISTRAR'S SIGNATURE

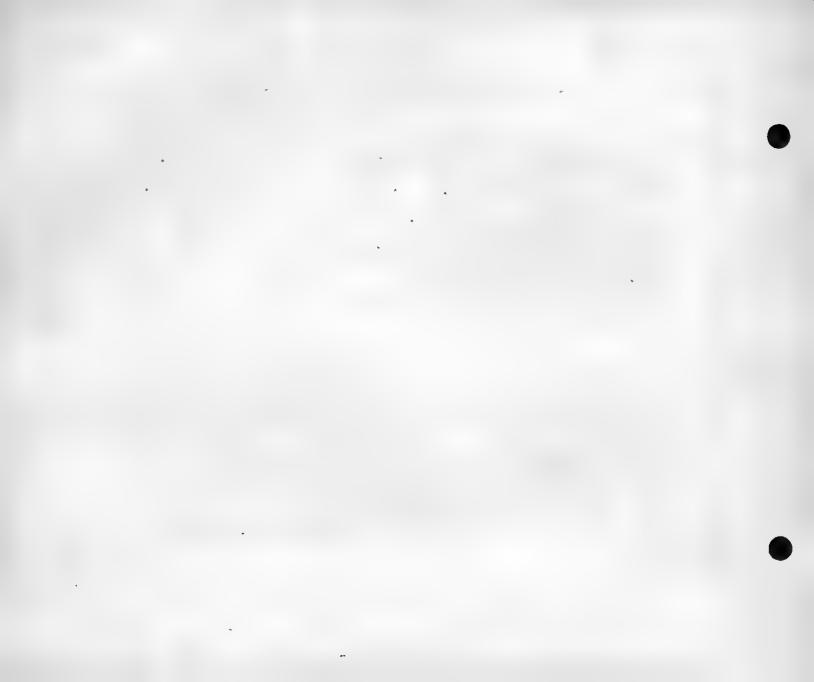


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Idana FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE o. COUNTY Maryland Prince George's MARYLAND Prince George's Department b CITY OR TOWN (f outside corporate imits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 16-1 Cheverly DOA Thix Beltsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE form ON A FARM? 11129 Emack Road YES NO TX Prince George's General Hospital in Item 18. Give Pages This certificate shauld be executed within 24 hours after death please execute the certificate, writing the ward pending" in pencil in Item 18. Give Pag director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with 3. NAME OF Middle Lost 4 DATE Month Year DECEASED DEATH (Type or pnnt) ombard 10 Earl 9 AGE (In years IF LINDER 24 HRS S SEX 7 MARRIED 8 DATE OF BIRTH IF UNDER 1 YEAR 6 COLOR OR RACE NEVER MARR ED lost birthdoy) Months Dovs Hours in any event within 72 haurs ofter death WIDOWED DIVORCED 20 Nov. 1912 File pages land 2 Male White 1) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10g USUA, OCC. PATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most of working ite, even if retired) INDUSTRY California Lawyer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lombard Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) Frances F Lombard Beltsville, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN **burial-transit** ONSET AND DEATH PART I DEATH WAS CAUSED BY Heart failure minutes IMMEDIATE CAUSE (o). Arteriosclerotic heart disease over 1 mo. DUE TO Conditions, if ony, which gove (b) nse to immediate cause (a), DUE TO stoting the underlying couse gud be used 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ar removal, NO X 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter notice of nury in Part L or Part L of Item 18.) 4 shauld b 3 shauld CERT PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF DEATH cremation, MEDICAL 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (State) 20d INJURY OCCURRED foctory, street, office bldg , etc.) Not While at work at wark 21 I certify that I taak charge of the remains described above, held on Autapsy \(\preceq\), Inspection x Inquiry 🔀 and in my opinion may be refained for FUNERAL DIRECTOR: death resulted fram Naturah causes . Arodent Suicide | Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER pridr SIGNATURE the funeral DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 10-26-67 John Kehoe, M.D. Riverdale, Md. Health NAME (Type) Address (Street, city, fown or county) 23c NAME OF CEMETERY OR €REMIATURY 23d LOCATION (City or Town) 230. BURIA. CREMATION. 23b DATE THEREOF (County) (Stote) 5 2 REMOVAL (Specify) Md. Wheaton Montgomery Oct 28, 1967 Gate of lieaven cemetery Burial250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb VR A15ME (5 F. Gasch's Sons Hyattsville, Md. 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH **6 COUNTY** o. STATE o. COUNTY MARYLAND Mary and Prince Corrects
(CITY OR TOWN (it outside carporate l'mits, write RURAL and gwe nearest town) b CITY OR TOWN (If ourside Carparate I write RURAL and give nearest town)

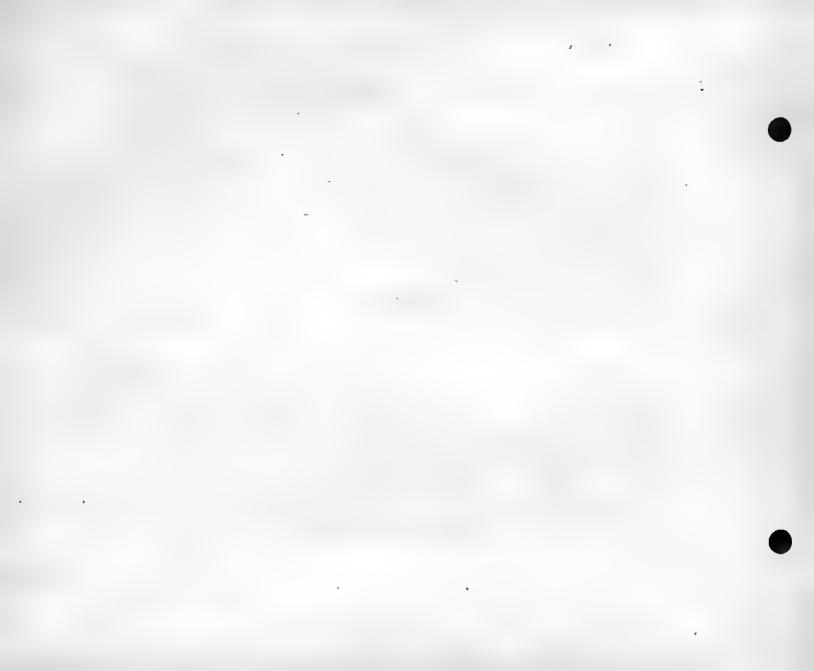
Cheverly CLENGTH OF STAY IN 16 25 days Suitland
d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENC ON A FARM NO Prince George's General Hospital 5506 Shadyside 3 NAME OF DECEASED DEATH (Type or print) Mildred AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) White Female 12 CITIZEN OF WHAT 11 BIRTHPEACE (County & State, or foreign country) 10s USUAL OCCUPATION (Give kind of work done 13 FATHER'S NAME 14. MOTHER'S MA DEN NAME burial, cremation, or removal, signed by the ottending burial-transit permit. Th (Yes, no prynknown) (If yes give was ar dates af service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO a- k---Conditions, if any which gave] (heavy Vaginal Blut so rise to immediate cause (a), DUE TO stating the underlying cause be detached for use as the State Dept. of Health prior to this certificate has been 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Nat While of work at work TO FUNERAL DIRECTOR: After 10/13_, 187_, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 9/18 , 19.67 , to_ be retained director, page 3 should should be filed with the 67, and that death occurred ab - 400 M, fram causes and an the date stated above saw the deceased alive on_ 22o SIGNATURE 22b DATE SIGNED STAFF XX MED DIRECTOR 10/13/67 M.D. 22d ADDRESS 22c. PHYSICIAN'S AZEMI Prince George's General Hospital 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMAJORY 23d LOCALION (City or Town) 23g. BUR AL CREMATION. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14336 14331 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, f institution Residence before admission) PLACE OF DEATH o. STATE Maryland b. COUNTY o. COUNTY Prince George's MARYLAND Howard c CITY OR TOWN (! outside corporate | m ts, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Ellicott City DOA Cheverly e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS n Item 18. Give Pages 1 □ NO [YES e certificate, writing the ward "pending" in pencil in Item 18. Give Pages' should be forwarded to the Chief Medical Examiner's Office along-with the Prince George's General Hospital RFD 1. Old Montgomery Road This certificate should be executed within 24 hours after death. 4 DATE 3 NAME OF Year DECEASED (Type or pnnt) Donald DEATH Ernest Lorenz 9. AGE (In years F UNDER 24 HRS 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED -NEVER MARRIED lost birthday) Months WIDOWED DIVORCED event within 72 hours after death. 10-4-1924 Male 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired)

13. FATHER'S NAME COUNTRY? BULDINE INDWSTRY 14. MOTHER'S MAIDEN NAME ALICE HANNEL 17 INFORMANT WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 15 WAS DECEASED EVER MUST ARMED TO SEE (Yes, no or unknown) (1 yes give wor or do tes of service) 2.18-12.6941 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (0) Hemo-peritoneum DUE TO Laceration of liver Conditions, if ony, which gove) nse to immediate couse (a). DUE TO stoting the underlying couse 9 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES Ser NO MEDICAL CERTIF 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW NJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of tem 18) PRIMARY To CONTRIBUTING CAUSE OF DEATH Undetermined 20f (City or town) 20c TME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form ((ounty) (State) Hour o.m.

10:4.5amm 10-18 19 67 of work at work 12705 Cedraville Lgane, Laurel, P.G. Md . 5 may be retained for y
TO FUNERAL DIRECTOR: Pr
Health prior to bundl, or 21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspect an 🖼. Inquiry 😿, and in my apinian Natural causes . Accident X. Suicide . Hamicide . Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FO DEPUTY DEPUTY MEDICAL EXAMINER 🖼 **EXAMINER'S** 10-19-67 John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 230 BUR AL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF ST. TOHN'S LUTHERIAN HOWARD CO. ML. 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) DATE 117 2 3 1967



14332 CERTIFICATE OF DEATH	T, BALTIMORE 1, MARYLAND
	eased lived, If institution: Residence before admission
a. COUNTY	b. CDUNTY Pr. Geo.
	porate limits, write RURAL and give nearest town)
Brandywine 17 years Erandywine	** **
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
Rt. 1-Box 394	YES ND
3. NAME OF First Middle Last 4. OATE OF OCCASSED (Type or print) Clines L. L. L. L. L. L. DEATH	Month Oay Year
E PEW LO OPPORT STATE OF THE ST	October 28 1967 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.
Male Negro WIOOWEO DIVORCED May 10, 1902	last birthday) Months Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State.	or fereign country) 12. CITIZEN DF WHAT
during most of working life, even if retired) Newbury, 5.	Carolina COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME	
William Lyles Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	Address
	Same
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) They could be for the co	- ID)
Conditions, If any, which \ D \ D \ D \ Can \ V \ A \ A \ A \ A \ A \ A \ A \ A \ A	
gave rise to immediate cause (a), stating the OUE TD	
underlying cause last. (c) G-V-	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
	YES NO
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTIONS CONTRIBUTING TO DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Page Contributing Cause of Death (IF Either, NOTIFY MEDICAL EXAMINER)	rt ! or Part II of Item 18.)
	City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (While at work at work at work at work	, , , , , , , , , , , , , , , , , , , ,
21. I certify that (II) this hospital) attended the deceased from 10-/2, 19-56, to	10-28, 19 67, that (1) (we) last
saw the deceased alive on 10-21 1967, and that death occurred at 8.70 M, from	
22a. SIGNATURE	STAFF DATE SIGNED
M.D. PHYS. DIRECTOR	PHYS.
22c. PHYSICIAN'S NAME (Type)	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LO	CATION (City, town or county) (State)
DEMONIAL (Openial)	
BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LO SEMOVAL (Specify) Nov. 4/67 St. Thomas Ch. Cemetery Bra	indywine, Mary Land
	STRAR 25b. REGISTRAR'S SIGNATURE 967 Clarles Judge —



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Them. 3. Film. G393, 10/20/67, kb or Death	
ATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14338
17 ,	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Resid	
	OUNTY Prince George's MARYLAND STATE MARYLAND Prince	George's
Г	b CITY OR TOWN (If autside corporate limits, write RJRAL and g write RURAL and give nearest town)	ive negrest tawn)
	Cheverly DOA Con Hill	16.1
	d NAME OF HOSPITA. OR INSTITUT ON (final in haspital, give street address) distrect ADDRESS	e IS RESIDENCE ON A FARM?
_	Prince George's General Hospital 5015 Kirby Hill Road, #40	D4-E YES NO X
3	NAME OF First Middle MacMillan 4 DATE Month DECEASED OF MONTH	Day Year
_	(Type or print) Leonarmy Zebulun Lash Macmalaan Death 10-13-	
7	lost birthday) Months	R 1 YEAR FUNDER 24 HRS Doys Hours Min
1.	male white whome I broken I 3-13-06 61 yrs	
di	To SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1 BIRTHPLACE (Stote or fore gin country) 12 Lang most of work ing life, even fretred) School administrator Prep. School New Jersey	CITIZEN OF WHAT
_	School administrator Prep. School New Jersey 3. FATHER'S NAME	USA
'		
1	Kerr Duncan Macmillan Cornelia Lash S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wife: CADDRESS OF CORNERS OF CORNES OF CORNERS OF CORNERS OF CORNERS OF CORNERS OF CORNERS OF COR	
(tes, no, grygknawn) Illit yes give wor or dotes of service I	loah Retrea
=	WWILL Ifrs. Jeannette Macmillan, F	INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY. !MMEDIATE CAUSE (o) Heart Failure	ONSET AND DEATH
	MMEDIATE CAUSE (6) REALT PALITURE	
	(ond hons if ony, which gove nse to immediate couse (a). (b) Arteriosclerotic Heart Disease	over 3 yrs.
	nse to Immediate couse (a), stating the underlying couse DUE TO	
	lost (c)	
2	PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
ATIO	Diabetes Mellitus for over 10 years	YES NO X
TIE (200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port I or Port II of item 18)	
I CES	CAUSE OF DEATH	
MEDICAL CEPTIE CATION	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form foctory, street, office bldg., etc.) 20f (City or town) (C	ounty) (Stote)
M	p.m. 17 of work L	
	21 I certify that I took charge of the remains described above, held on Autopsy [], Inspection [X], Inquiry [X]	
	deoth resulted from Naturancouses 🔀, Acident 🗌, Suicide 🗍, Homade 🗐, Indetermined monner [
	ACTUAL CHIEF MEDICAL EXAMINER	22 DATE SIGNED
	SIGNATURE MD ASS SIANT MEDICAL EXAM NER	10-14-67
	EXAMINER'S NAME (I've) Tohn Value M D Rivernal R Marry and Address (Street city low or purity)	TO-174-0 \
2	NAME (Type) John Kehoe M.D., Riverdale, Maryland Address (Street city tow.or.ounty) 30 BURIAL CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR REMATORY 236 OCA ION MANY OF TOWN	(Stote)
Î	Burial 10/16/67 Green Hill Cemetery Berryville C	Tambe W
	BREMOVAL (Specify) 10/16/67 Green Hill Cemetery Berryville C 4 FUNERAL DEECTOR JOHN H. ENDERS FUNERAL ADMINS GREED BY REG. STRAP 1967 250 PAGGREARS DATE OF THE CONTROL	larke Va
	El cur les 2 con der 200 1 17 1961 four	res Juges.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14339 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) p. COUNTY a. STATE Prince George Prince George MARYLAND b CTY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate + m ts. write RURA, and give nearest fown) write RURAL and give negrest town)
Cheverly 3 days Riverdale d NAME OF HOSPITAL OR NSTITUTION (it not in hosp to, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Prince George General Hospital 64th Ave. YES NO TX buriol-tronsit permit. File pages I and 2 with the State in Item 18. Give Poges the certificate, writing the word "pending" in pencil in Item 18. Give Pages 4 should be forwarded to the Chief Medical Examiner's Office along with 19 This certificate should be executed within 24 hours ofter death Midd e NAME OF 4 DATE Month DECEASED Patricia Marie Marietta 10 DEATH 19 67 (Type or print) 9 AGE (In years lost birthdoy) 28 yrs IF UNDER 1 YEAR IF JNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 🔀 B. DATE OF BIRTH . Months WIDOWED DIVORCED T event within 72 hours ofter death 7 Nov., 1938 100 USUAL OCCUPATION (G-ve kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even their red)
PSYCHOLOGY TEACHER MD. UNIVERSITY COUNTRY? 14 MOTHER'S MAIDEN NAME HAUSMAN SAME AS #2 (Yes, no, or unknown) (If yes give wor or dotes of service) UNKNOWN 1B CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Intoxication-barbiturates IMMEDIATE CAUSE (o) _ DUE TO Conditions, if any, which gave) use to immediate couse (a), DUE TO stoting the underlying couse 3 should be used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAT DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS A TOPSY or removol, PERFORMED? NO wy 200 EXTERNAL CAUSE WAS PRIMARY To CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) Took overdose of nembutal. cremotion, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (Stote) 20c TIME OF INJURY Month, Day, Year While Not While of work foctory street, office bldg., etc.) unknown 10-13-67 Same as #2 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inspection , Inquiry , ond in my opinion Accident , Suicide , Homiciae Undetermined monner deoth resulted fram-Natural causes the funeral director be retained O FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ., Riverdale, Md. 10-15-67 Address (Street, city, town, or county) Heo!th NAME (Type) 23d LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY VR A15ME (5) 6M 1/67

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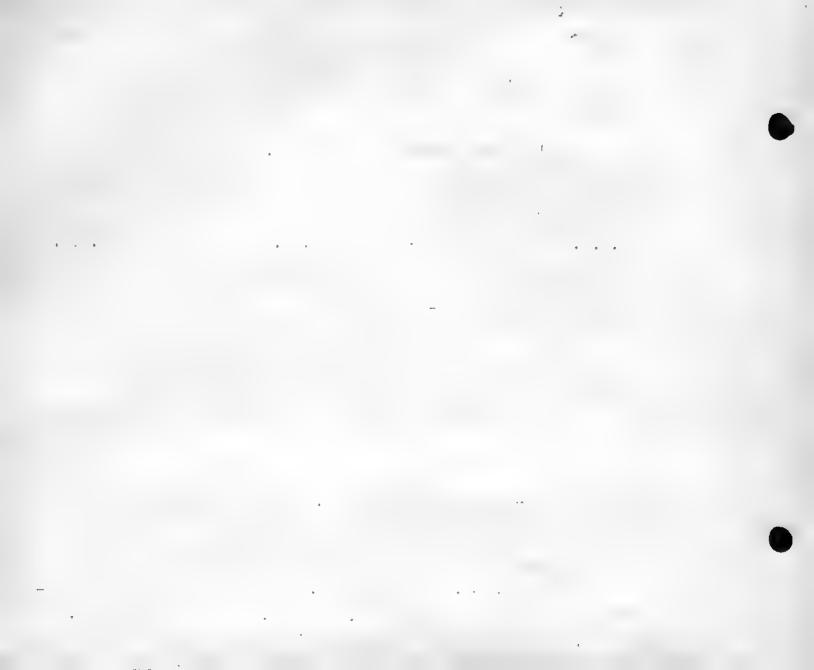
. 1		MARYLAND STATE DEPARTMENT OF HEALTH	
1		CERTIFICATE OF DEATH	MARYLAND 1.13/11
after a second		1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived, H institution.]	Residence before admission)
2 6公子 5 名字()		. COUNTY : C Georges MARYLAND . STATE Md. b. COUNTY Pri	ipee Georges
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urted pletsly pers. 72 ho	\mathbf{J}	3. NAME OF DECEASED C First Middle Lest OF CT	Day Year
com thin	13	(Type or print) Trederick Lomas WATID DEATH Oclober 5. SEX 6. COLOR OR RACE 17 MARRIED FOR NEVER MARRIED [] 8. DATE OF BIRTH 19. AGE (In years IF UNDER)	> 19 6 FYEAR LIFE UNDER 24 HRS.
E G	小ら		Deys Hours Min.
rlificate sician move y even	. 4	10a. USUAL OCCUPATION (Give kind of work done during most of working) life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CIT	TIZEN OF WHAT COUNTRY?
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the characteristics of all	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT	Th 11 10 11 1
that 1 the 2 the 2 mov	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).)	TINTERVAL BETWEEN MA
siciar d by Dermi	4/	PART I. DEATH WAS CAUSED BY, Ruptured Esophage A) Arices	ONSET AND DEATH
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s the	32	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T 1(a) 19. WAS AUTOPSY PERFORMED?
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PHY the h this ce	di	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of snjury in Pert Lor Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
DING led by After stache of Hea	13	Hour a.m White Not White fectory, street, office bidg , etc.)	uniy) (State)
TEN etair Se d	17	4 5	(1) (we) last
ate Office A	1	saw the deceased alive on 9am, Da. 5 1967, and that death occurred at 3:36M, from the causes and on the	he date stated above.
2 S F	3 1	228 SIGNATURE M.D. PHYS DIRECTOR DIRECTOR PHYS. D	SIGNED
SPITAI Page 4 TERAL r, page	3 3	122c. PHYSICIAN'S Robert A. W.C or MICK 116/ NEW Homeshire Bre	Lilver Sp., md.
HOS sath. Frun Frun filed	Ge.	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or count	ty), (State)
5 g G g g	2	Bureal ect. 8, 1967 Dopust Church Cindley Manchester	SIGNATURE
VR A15	F 1 E 16	24 FINERAL DIRECTOR'S SIGNATURE ADDRESS 250. DEC'D BY REGISTRAR 256. REGISTRAR'S LATER DATE OF THE DAT	las Judan
	8	A superiffication of the	00



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. aath. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY PAINCE WEDRGES MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours HEIGHTS HILL NEST HEIGHT d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS HT5 ON A FARM? 8 ZID ATING HILCHEST HTS MD NO' YES letely Month Day 3. NAME OF Middle Year Last DECEASED OF (Type or print) DEATH 19 6 comp DOLLIN event AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Oays | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED and in any and WIDOWED **OLVORCED F** 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician COUNTRY? during most of working life, even if retired) INDUSTRY WASHINGTON certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, attending parmit. Ther 20 MARGARE ELIZ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or death (Yes, no, or unkown) (If yes give war or dates of service) MILS M. MERRITT INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MONIA **OR ATTENDING PHYRICIAN.** The law requires that t be retained by the hospital or attending physician. OUE TO METASTATIC BROBICHOGENIC LANCINOMA Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO Sc YES T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work 21. I certify that ((1) this hospital) attended the deceased from and that death occurred at A A.M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED SIGNATURE ATTENDING PHYS. DIRECTOR TO Hostra. M.O. PHYS. 22d. PHYSICIAN'S **AODRESS** NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23h. REMOVAL (Specify) 1:0-1:967 Cedar Hill Osmetery Buria. REC'D BY REGIST ADORESS -EMNERAL DIRECTOR VR A15 (4)1 l-wood none Rd SE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 74343 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR ST PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, funstitution, Residence before admission) n. COUNTY o. STATE b. COUNTY 2, and 3 to PM3. Page department of Prince George's MARYLAND Virginia delay b. City OR TOWN (If outside corporate I mits, write RURAL and give nearest town) c. C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1h Cheverly DOA Arlington d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RES DENCE ON A FARM? Prince George's General Hospital YES NO TO Give Pages 1100 N. Stafford Street This certificate shauld be executed within 24 hours after death. NAME OF 4 DATE DECEASED (Type or print) David Massing DEATH e, writing the word "pending" in penal in Item 18. Givi forwarded to the Chief Medicol Examiner's Office alang S. SEX 9 AGE (In years IF UNDER 1 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdov) in penal in Item 18. Months 10/10/1942 in any event within 72 haurs ofter death WIDOWED DIVORCED White Male 100 USUA, OCCL PATION (G ve kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? W.Va. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ann Phipps John Massing IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address buriol-tronsit permit. (Yes, no, or unknown) [If yes give wor or dates of service) 232-70-4576 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE (AUSE (6) Hemorrhagic shock writing the word Laceration of neck DUE TO Conditions, if only, which gove 1 Trauma - auto accident rise to immediate couse (a). DUE TO stating the underlying couse D SD PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPS PERFORMED? the certificate, NO X should be 20o EXTERNA, CALSE WAS PRIMARY TO OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of hipty in Port I or Port I of Item 18) 3 should ò CAUSE OF DEATH Driver of car involved in collision cremation, 20c TIME OF INJURY Month, Doy, Year 20d JULRY OCCURRED 20e. PLACE OF INJURY (Home, form 20f (City or town) 5 may be retained for your O FUNERAL DIRECTOR: Poge While Not While of work foctory, street, office bldg, etc.) St. Rt., 210 Accokeek, Maryland 21. I certify that I taak charge at the remains described above, held an Autapsy Inspection of Inquiry of and n my opinion Accident X deoth resulted from Nataral causes Suicide . Homicide Undetermined manner the funeral director CHIEF MEDICAL EXAMINER | prior to ACTUAL 22 DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Kehoe. M.D. Address (Street, city, town, or county) 30-30-67 NAME (Type) Riverdale, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF 230. BURIAL, CREMATION (County) Huse Mem. Park Cem. Fayettesville, W.Va. Nome Inc. Nalley's Funeral ADDREMT. Rainier, Maryland 250 REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR A15ME (5) 6M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 143146 The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odm.ssign.) · COUNTY Prince George o STATE. MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writer RURAL and give negrest town) Washington d NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street address) d. STREET ADDRESS IS RES DENCE ON A FARM? Huattsville Nursing Home 2853 Ontario Road. YES NO K NAME OF Middle Lost 4 DATE Year remove carba DECEASED atherine Means October. and in any event, DEATH SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (n years IF JNDFR 24 HRS NEVER MARRIED lost birthdoy) Months Hours White Female. WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

(LVL) PRIVICE—(LERK) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? Scotland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, Thomas Escue Means Annie Ferguson INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no. or unknown) If If yes give war or dates of service Sunnuvale 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH aroma DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse be aerached for use as the State Dept. af Health priar ta Inst PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFORMED? NO X 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (C ty or town) (County) (Stote) Hour o.m. Not While (octory, street, office bldg., etc.) of work O FUNERAL DIRECTOR: After 21. I certify that (1) (this hespital) attended the deceased from , 1957, to 10/3 , 19<u>67</u>, that (I) (we) last 19 67, and that death accurred at 10 30AM, from causes and an the date stated above saw the deceased alive an 10/3 220, SIGNATURE 22b DATE SIGNED M.D DIRECTOR director, page 3 shau!d be filed 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 208 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMAT ON, (Stote) BEMOVAL (Specify) Arlington National 2So. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14343 14348 CERTIFICATE OF DEATH 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a COUNTY b county TRINCE MARYLAND TECKECS b. CITY OR TOWN (If outside corporate limits) c LENGTH OF STAY IN TH c CITY OR TOWN (M'autside corporate limits, write RURAL and give nearest town) (write RURAL and give negrest town) PHYSICIAN: The law requires that the death certificate be executed within 24 hours e IS RES DENCE ON A FARM? d NAME OF HOSPITA. OR INSTITUTION (If not in baspital, give street address) d STREET ADDRESS YES □ NO □ bely fill withy NAME OF 4. DATE Month Day Year DECEASED OF DEATH complete ave for (Type or print) 19 € burial, cremation, ar remayal, and in any event SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE MARRIED DATE OF BIRTH NEVER MARRIED remaye lost birthday) Months Days Hours WIDOWED DIVORCED 1Ga USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12, CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY physician Housewife 13 FATHER'S NAME Nathan Wilner Amelia Kaplan 15 WAS DECEASED EVER IN J.S. ARMED FORCES?
(Yes, no, or unknown) (11 yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address 052-09-7998 William Nasoff as 2 Same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) transit DISET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital or attending physician. 4-7. DUE TO **burial** Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. af Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW/INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Harne, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (Caunty) Hour To.m. Not While factory, street, office bldg., etc.) at work at work 21. I certify that (I) (this haspital) attended the deceased fram. director, page 3 should should be filed with the 25AM, from couses and and that death occurred saw the deceased alive an an the date stated above 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D PHYS DIRECTOR PHYS 22d. ADDRESS 3408 Rhode Island 22c. PHYSICIAN'S O HOSPITAL NAME (Type) lit. Kanierm Maryland Levitsky Leon K. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. (Caunty) (State) REMOVAL (Specify) 11-1-1967 Geo. Wash. Cemetery Hyattsville. Buria 2 ADDRESS 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **VR A15** Goldberg Funeral Home 4217 9th St., N.W.

1		DEPARTMENT OF HEALTH	
	- C - C - C - C - C - C - C - C - C - C	PRESTON STREET, BALTIMORE, MARYLAND 21201	21 - 0 - 50 - 50 - 40 - 50 - 50 - 50 - 50
FOR STATE()	1344 MEDICAL EXAMINE	ER'S CERTIFICATE OF DEATH	14349
HEALTH DEPT	LACE OF DEATH COUNTY	2 USUAL RESIDENCE (Where deceosed lived if institution Residue of STATE b COUNTY	ence before admission)
2, and 3 to PM3. Page	Prince George's MARYLA	AND Maryland Prince Ge	
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aurs fice nd 2 deat	JULIUS HILLOU	11 BIRTHPLACE (State or foreign country) 12	C TIZEN OF WHAT
4 h	USUAL OCCUPATION (G ve kind of work done g most of working life, even if retired) 1 Db. KIND OF BUSINESS OR INDUSTRY		COUNTRY?
hin 24 haurs after death. If any delay ned in Item 18. Give Pages 1, 2, and 3 niner's Office along with farm PM3. Pages I and 2 with the State Departments offer death.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
with in pen Exami File p 2 hauf			
d be executed within 24 haurs of "pending" in penal in Item 18 Chief Medical Examiner's Office of transit permit. File pages land 2 weent within 72 haurs after death	WAS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) [(If yes give wor or dotes of service)]	17. INFORMANT Address	
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e e) pen ef M nt w	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Thanition		ONSET AND DEATH
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frate shaulting the warrided to the as a burial-	last. (c)		
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MINER: This the certificate, 4 shauld be found in files.	200 EXTERNAL CAUSE WAS PRIMARY ① or CONTRIBUTING □ CAUSE OF DEATH.	URRED (Enter noture of in ury in Port 1 or Port 1 of item 18)	
INER e ceri shaul files. 3 shai fian, i	20c T.ME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2		(County) (State)
XAM ure th ge 4 your Your Page	Hour a.m. 19 While Not While ot work	factory, street, office bldg., etc)	
xecute xecute Page far you OR: Page ol, crem	21. I certify that I took charge of the remains described about	ove, held an Autopsy 🔲, Inspection 🔀, Inquiry 🗽	, and in my opinio
CAL Barrio Urio	deoth resulted from Notural couses Accident D.	Suicide, Homicide, Undetermined monner	
MEDICAL EXAMINER: please execute the cert director. Page 4 shauld retained for your files. DIRECTOR: Page 3 shaul ir ta burial, crematian, or	ACTUAL	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
A Policy Publication	SIGNATURE	M D ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
necessary, please ex- the funeral director. 5 may be retained fr TO FUNERAL DIRECTO Health prior to burio	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale,	Md Address (Street, city, town, or county)	10-26-67
md md FUI	PHRIAL CREMATION 23h DATE THEREOF 23c NAME OF CEMET	ERY OR CREMATORY 23d OCATION (Cty or Iown)	(County) (Stote)
5 = + 2 5 +	(REMOVA.) Spectry 10-27-67 Welly	May sahool Saltimore, 1	M-
VR A15ME (5)	FUNERAL DIRECTOR APPDRESS	250 REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH 21201

IVISION	OF	VITAL	RECORDS,	301 V	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND
				CED	TIC	ICATE .	OF DE	ATIL	

CEKHIFICALE OF DEATH 1-1350 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) **© COUNTY** b. COUNTY o. STATE PRINCE GEORGE PRINCE GEORGE MARYLAND b. CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) BERWYN CHEVERLY D.O.A. d STREET ADDRESS e. IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 5100 BERWYN ROAD YES NO S PRINCE GEORGE GENERAL HOSPITAL 3 NAME OF First Middle DATE Lost Month Doy Year DECEASED (Type or print) OCT. 28 N. NEITZEY SR. DEATH 19 67 WALTER SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH lost birthdoy) Months Hours WIDOWED DIVORCED March 1890 77 CAW. IDo USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? RETIRED (ELECTRIC US U.S. GOV'T MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DUTTON VIRGINIA THOMAS H. NETTZEY IS. WAS DECEASED EVER IN J.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) WIFE SAME AS #=2 216-09-9245 DOROTHY NO 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (of 4201 DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES | NO 200 ACCIDENT WAS JNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM.NER) MEDICAL 20e PLACE OF INJURY (Home, form, (County) (Stote) 20c TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED (City or town) Hour om foctory, street, office blog, etc.) Not While at work of work A10 21. I certify that (I) (this haspital) Ittended the decoased from the dote stoted and that death occurred at from couses and sow the deceased olive 220. SIGNALIA DATE SIGNED 22b. ATTENDING STAFF M.D PHYS DIRECTOR PHYS 22d 22c. PHYSICIAN'S ADDRES NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY 23d LOG TION (City or Town) (County) (Stote) REMOVAL (Specify)
BURTAL TTSVILLE MD. 10/31/67 GEORGE WASHINGTON

MARYLAND

250 REC'D BY REGISTRAR

DATE NOV

1967

256 REGISTRAR'S SIGNATURE

Charles

ADDRESS

HOME HYATTSVILLE,

O IUNIRAL DIRECTOR: After this certificate has been director, page 3 should should be filed with the O HOSPITAL Poge 4 moy VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

Funeral

requires that the death certificate be executed within 24 hours ofter

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completely

carbon

by the ottending physicion and complete fronsit permit. Then please remove cark cremation, or removal, and in any event,

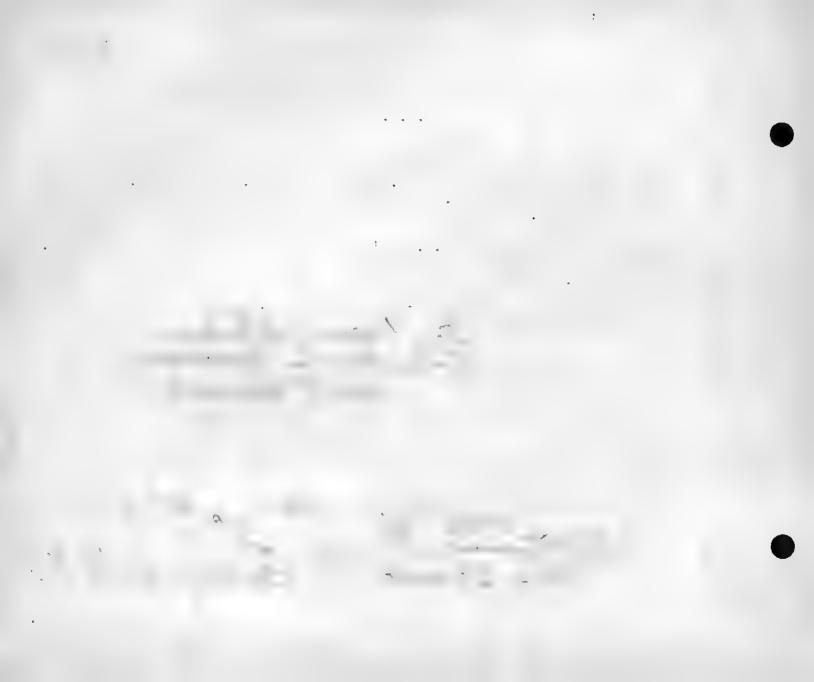
signed by the o buriol-fronsit pe buriol, cremation

ed for use as the b t. of Health prior to b

by the hospital or attending physician.

ATTENDING

be retained



14351 24346 CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Revidence before admission) o. STATE b. COUNTY b. CITY OR TOWN AT outside corporate Himits, write C. LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give negrest town) negrest lown PM CX d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR DISTITUTION ON A FARM? YES NO NAME OF Middle DATE Month DECEASED OF DEATH (Type or print) COLOR OR 9, AGE (In years IF UNDER 1 YEAR IF LINDER 24 HE lout birthdoy! Months Doys Hours DIVORCED [WIDOWED | USUAL OCCUPATION (Give, and of work done 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? FATHER'S MAME 14 MOTHER'S MAIDENINAME 15. WAS DECEASED EVER IN U S. ARMED FORCES? 16 SOCIAL SECURITY NO. IMPOSMAN Address CAUSE OF DEATH [Enter only one couse penaline for (o), (b), and (c)] INTERVAL BETWEEN PART 1 DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from ___that I last saw the deceased alive an and that death accurred from the causes and on the date stated above. SIGNATU PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. 22c. NAME OF CEMETERY ORCCREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Mt. Washington. Olivet Cemeterv 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** PLOSO REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE HOLE, INC. Washington

D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TO HOSPITAL OR ATTENDING

May be retained 7, the hospit

VOICE TO FUNERAL DIF OF After 1

SECTION OF 1 STANDING 1

SECTIO



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

bon papers. Pages I ond

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and complete director, page 3 should be detached for use as the burial-transit permit. Then please removek an expendent be filed with the State Dept. of Health prior to burial, cremotion, ar removal, and in any event.

VR A15 (4) 25M 1/67

		234	6		CERTIFIC	CATE	OF DE	ATH			1435	3
		PLACE OF DEATH		-					here deceosed lived if insti		ce befare adm	ission)
	I	Prince Ge	orges	MARYLAND		g.STATE b COUNTY Prince				orges		
		b. CITY OR TOWN (I	f autside corporate limit:	5,	C LENGTH OF STAY IN	c CITY OR TO	WN (If out	side carparate limits, write	RJRAL and give	neorest tow	1)	
			l give nearest lawn)		3 days		Bowie					5-1
, L		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)						DRESS				ESIDENCE A FARM?
1	_		orges Gener				3309 Morelane Place				YES	NO 🗶
		NAME OF DECEASED (Type or print)	FI	Emanue		Noel-		OF	onth Ct.		Year 19 6 7	
		SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIR	TH	9. AGE (In years lost birthday)		YEAR IF UN Days Hat	IDER 24 HRS
		Male	White	WIDOWED	DIVORCED		1/20/29		38 yrs			
	d€n	ing most of working l	(G ve kind of work dane life, even if refired) Engineer		DUSTRY A				State or foreign country) Lvania	12 (17 (0.	ZEN OF WHA JNTRY? SA	Ĭ
	13.	FATHER S NAME Eman	uel Richard	Noel			14. MOTHER'S		ame n ily Hand			_
	is No	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	f convice) 16 S	SOCIAL SECURITY NO		YFORMANT			dress		
	110	Yes	(If yes give war ar dates o	20	2 20 5445	D	evona E	Noel	Bowie	Md	•	
		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VIRAL ENCEPHALITY									INTERVAL ONSET AN	
y		DUE TO										onth
*		Canditions, it any, rise to immediate		(b)							1 44	017
		stating the under	lying couse	(c)								
			SNIFICANT CONDITIONS O		O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL D	ISEASE COND	DITION GIVEN IN PART 1(o)		19 WAS	NUTDPSY
A. Salara	CERTIFICATION										PERFO YES	IKMED?
		20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)		20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter nature af	injury in P	art I ar Part II of stem 18.)			
	MEDICAL	20c, TIME OF INJU Haur a.n	10	20d. IN While at wark	Not While		E OF INJURY (H Iry, street, affice		20f (City or town)	(Cou	niγ)	(State)
		21. I certif	y that (I) blackies			am	9/3/	67, 19	, to Oct 6	. 196	7., that (I) (we) las
		saw the deceosed olive an Oct 6 19 67, and that death accurred of 5.15M, from causes and on the date stated above									ted opove	
		220. SIGNATURE	R		10		ATTENDING		MED AM. STAFF		TE SIGNED	
		Toger 7. Sugham la 1. M.D PHYS & DIRECTOR LIPHYS LI								10	16/6	7
1		22c PHYSICIANS NAME (Type)	Roger In	gham. B	M. D.				Ave. Carrol	1ton 1	Manuel a	n -1
	230	BURIAL, CREMATIO			23c. NAME OF CEMET	ERY OR F			23d. LOCATION (City or		(County)	(State)
1		REMOVAL (Specify)			Ft Lincol			7	Colmar Mane			Md.
V						_			BY REGISTRAR 2Sb.	REGISTRAR'S SI	GNATURE	
1		F. G	asch's Dona	s nyat	tsville, Mo	l.		NATE OF C	T 9 1987	Milian	las Jun	19Rs



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)

ond in ony cremation, or removal,

PLACE OF DEATH

The law requires that the death certificate be executed within 24 hours after death

certificote After TO FUNERAL director, should be

Page 4 moy be retained by the hospital or attending physician.

VR A15 (4)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 261-18-3973 ALFRED R. LAPIN. CLINTON MD D IB. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART .. DEATH WAS CAUSED BY ONSET AND DEATH CARDIO RESPIRATIONY IMMEDIATE CAUSE (o). DUE TO asteo ARthritis Conditions, if ony, which gove nse to immediate cause (a), ARTERIOSYEROTIE GARDIO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, farm, 20c TME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or fown) ((county) (State) Hour to m. factory, street, affice bldg., etc.) fram______, 1967, to 10-2-, 1967hat (1) (we) last and that death accurred at 2:250M, fram causes and on the date stated above. 21. I certify that (1) (this haspital) attended the deseased fram. saw the deceased alive an 220 S.GNATURE 27b DATE SIGNED ATTENDING MED. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23a. BURIAL, CREMATION, (County) (State) 10/7/67 Dupont, Georgia North Cemetery 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

o. COUNTY o. STAMaryland **b** COUNTY PRINCE GEORGE Prince Gem/ MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c (TX-QR 1048) autside corparate limits, write RURAL and give nearest town) CLINTON, MARYLAND 6/30/67 90/2 7 Captol Heights, Maryland S RESIDENCE ON A FARMS d NAME OF HOSPITAL OR INSTITUTION (11 not in hospital, give street address) d STREET ADDRESS PINE VIEW GARDENS HEALTH CARE CENTER 59th Street YES NO NAME OF First Middle DATE Month Doy Year DECEASED Isabelle Delia North 10-1967 DEATH S. SEX 9. AGE (n years JF UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** lost birthday) Menths Days Hours white WIDOWED & female 2-12-94 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Blackshen_Ga. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James George Richard O'Neal Smantha Nichols



# 1	Item 18 Film 391 11-7-67 amMARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14354			
xecuted within 24 naurs after death If Liny de ay is and an pencil in Item 18. Give Pages 1, 2, and 3 to Medical Examiner's Office along with form PM3. Page HTP permit. File pages I and 2 with the State Departmental and in any event within 22 pages after death.	PLACE OF DEATH a COUNTY b SELY OR TOWN (If autside corporate mits, write RURAL and write fural and give negges) fown) d NAME OF HOSPITAL OR NSTITUTIONAL not in haspital, give syeet agaress) 3 NAME OF OCERASED (Type or print) 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED SOATE OF BIRTH FIRST Ground of work done during most of working his, ever life retired) 10 JUNIOUS 10 JUNIOUS 12 JUNIOUS 12 JUNIOUS 12 JUNIOUS 12 JUNIOUS 12 JUNIOUS 13 FATHER S NAME 13 FATHER S NAME 14 MOTHER & MAIOEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, portupal note) (If yes give war ar dates af service) 16 SOCIAL SECURITY NO 7 INFORMANT Address 14 JUNIOUS 15 JUNIOUS 16 JUNIOUS 16 JUNIOUS 16 JUNIOUS 17 JUNIOUS 18 JUNIOUS 19 JUNIOUS 19 JUNIOUS 19 JUNIOUS 10 JUNIOUS	give nearest tawn) e is residence ON A FARM? YES NO Day Per 1 YEAR IF UNDER 24 WRS.			
s certificate shauld be es, writing the ward "pen farwarded ta the Chief W used as a burial-transit t	18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) External strangulation DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	INTERVAL BETWEEN VONSET AND DEATH TOWN THE PROPERTY OF THE PR			
MINER: This the certificate, 4 should be fulles. In files. It is 3 should be a gent, pror to	200 EXTERNAL CAUSE WAS PR MARY EXPONENTIAL OF THE POINT I OF POINT	YES NO (State)			
MEAI please exer- director P director P retained far DIRECTOR	21. I certify that I taak charge of the remains described above, held an Autapsy Inspection, Inquiry death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEO CAL EXAMINER ACTUAL SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER EXAMINER'S OFPUTY MEDICAL EXAMINER	22. DATE SIGNEO			
TO DEPUTY necessary, the funeral the funeral Smay be To funeral Health or i	NAME (Type) Address (Street, city, town, or county)	((County) (State)			

er 42 *



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14355 puo USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) requires that the death certificate be executed within 24 hours after death PLACE OF DEATH a. STATE a. COUNTY MARYLAND maryano c LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWN III outside corparate limits write RURAL and give nearest town) e IS RESIDENCE ON A FARM? d. STREET ADDRESS NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO X 3. NAME OF DATE Day Year Middle DECEASED (Type or print) October 1967 16 DEATH DATE OF BIRTH AGE (In veors S SEX 6 COLOR OR RACE lost birthdoy) Months Dovs Hours - 28-1960 WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12 CHEZEN OF WHAT 10a JSLAL OCCUPATION (Give kind of work done COUNTRY during most of working life, even if retired) INDUSTRY 5 12 0 I tale 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME or removal, еп Maria DiBlasi Vincenzio Papaleo 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) mis 6 atkeline Papale 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-tronsit p burial, cremation ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse by the hospital or attending this certificate has been WAS ALTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES 🗔 NO PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) (State) (County) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Hour to.m. Not While factory, street, office blda, etc.) of work 10 FUNERAL DIRECTOR: After 21 | certify that (1) (this haspital) attended the deceased fram 10-5, 1967, ta 10-16, 1967, that (1) (we) lass saw the deceased alive an 10-15, 1962, and that death accurred at 2. My fram causes and an the date stated above . 19 6 7 , that (I) (we) las be retoined director, page 3 should should be filed with the 22b DATE S GNED 22n SIGNATURE MED DIRECTOR PHYS M.D 22d. ADDRESS 22c PHYSICIANUS Page 4 moy 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23b DATE THEREOF 23g BURIAL, CREMATION, REMOVAL (Specify) Suitland, Prince Georges, Md Cedar Hill Cemetery 10/19/67 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 4308 Suitland Road, Suitland, Maryland

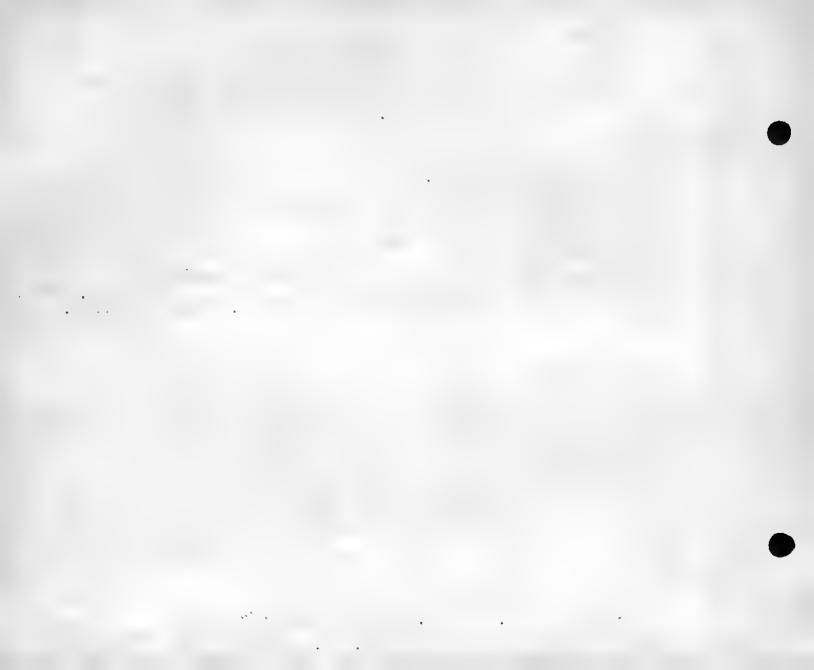


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 143356 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, it institut an Residence before admission) a. COUNTY a. STATE Prince George Prince George MARYLAND b CITY OR TOWN (f outside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 c CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest town) Cheverly DOA d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B owie d STREET ADDRESS e IS RESIDENCE ON A FARM? NO To Prince George General Hospital 12013 Tweed Lane NAME OF 4 DATE ef Medical Examiner's Office along with DECEASED (Type or print) 10-13 DEATH Ester Paperman S SEX 6 COLOR OR RACE & DATE OF BIRTH 9 AGE (In years 1F UNDER 1 YEAR IF LINDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdov) Manths with n 72 hours after deoth W DOWED D VORCED 8 Sept 1892 10o USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) LNDUSTRY This certificate should be executed within 24 MOME 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME SIMA 17 INFORMANT (Yes, no, opunknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH and in ony event Heart failure IMMEDIATE CAUSE (a) _ certificate, writing the word writing the word DUF TO Conditions, if ony, which gove Amteriosclerotic heart disease Over 1 vr. rise to immediate couse (a), DUE TO stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? removal, CERT F CATION Diabetes mellitus-over 30 yrs. NO T 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of tem 18) 3 should b PRIMARY ar CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 201 (City or town) (County) foctory, street, office bldg, etc.) FUNERAL DIRECTOR: Poge at work 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspect on 🔀 Inquiry 🥦 and in my apinion Natural carges 3. Accident 10. Su cide 1. Hamicide 1. Undetermined manner death resulted fram CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER 10-13-67 **EXAMINER'S** John Kehoe. Address (Street, city town, or county) NAME (Type) 23d. LOCAT ON (City or Town) (County) 2Sb REG STRAR S SIGNATUR VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14357 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY None MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If putside carparate limits, write RURAL and give negrest tawn) NHAM d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS pape YES NO NAME OF DATE Lost Year Dov DECEASED OF 200 ond in any event, (Type or pant) PIECK DEATH 19 67 The law requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS SEX B. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED remove lost birthday) Months Days Hours WIDOWED DIVORCED [] [Unknown] 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CIT.ZEN OF WHAT during mast of working life, even if retired) ng physicion of Then please COUNTRY? At Home At Home 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, or removal, Rose (Unobtainable) Steven Nacin 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 117 W. ReedAve. permit. (Yes, no, or unknown) (If yes give wor or dates of service) 231 70 3019 Jl Miss Pauline M. Papieck Alex. No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for,(a), (b), and (c).) PART I, DEATH WAS CAUSED BY. NSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause the haspital or attending detached for use as the e Dept of Health priar to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) YES 🗌 NO this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 1) of item 18) 20a ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING

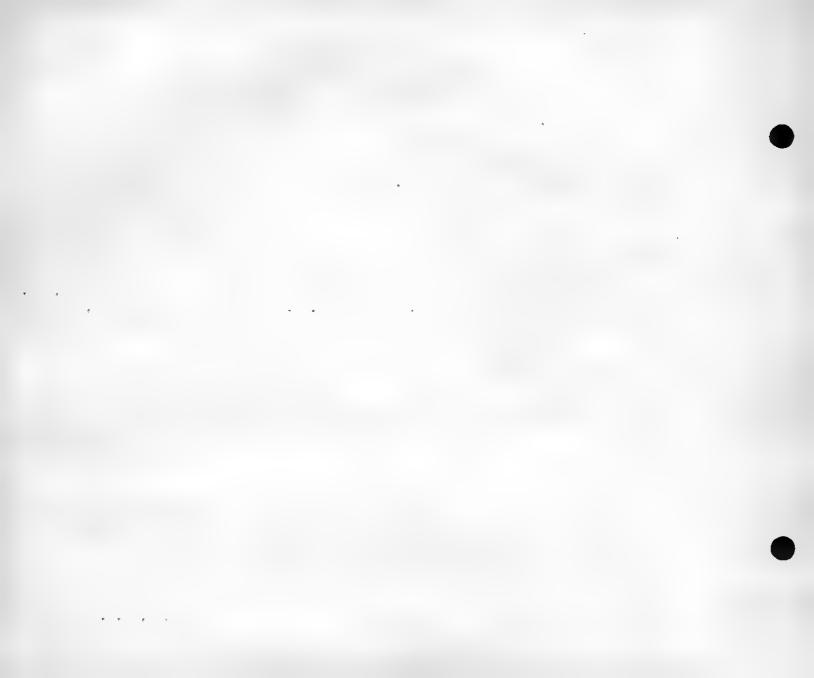
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Hame, farm, 20d INJURY OCCURRED (C ty or town) (State) 20c TIME OF INJURY Manth, Day, Year (County) factory, street, affice bldg., etc.) Nat While at work **DIRECTOR:** After 21. I certify that (I) (this haspital) attended the deceased from sow the deceased glive an 10 (and that deoth accurred at M, fram causes and on the date stated above 22a SIGNATURE 22b DATE SIGNED DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS FUNERAL NAME (Type) Levitsky 23b DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23d LOCATION (City or Town) REMOVAL (Specify)
Burial St. Cecilia's Cemetery 4 Nov. 67 Rockaway 0 New Jersev Cunningham FuneralHome Ess 2So. REC'D BY REGISTRAR VR A15 (4) Alex.n Va. 25M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14359 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR ST PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o State Maryland NPM3. Page b COUNTY 10 ment af Prince George's Prince George's MARYLAND delay 1 b CITY OR TOWN (If outside carparate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corporate limits, write RURAL and give nearest (gwn) write RJRAL and give nearest tawn) DOA Hillcrest Heights Cheverly e IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS the certificate, writing the ward 'pending" in pent I in Item 18. Give Pages 1. 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm 28th Parkway Prince George's General Hospital YES NO [X] This certificate should be executed within 24 haurs after death 3 NAME OF Lost 4 DATE Month Dov Year DECEASED OF permit; File pages 1 and 2 with the Franklin Partin 10 19 67 A. (Type or pont) DEATH IF JNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARR ED TY 8 DATE OF BIRTH 9 AGE (In years NEVER MARRIED ast hirthday) Manths Davs Haurs 2 hours after death male white WIDOWED DIVORCED 12-6-14 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR of Columbia Employee COUNTRY? Washington D. C. **USA** 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Partin Etla V. Neale 16 SOCIAL SECURITY NO 17 INFORMANT Address IS WAS DECEASED EVER NUS ARMED FORCES? (Yes, no ar unknown) (If yes give war ar dates af service) in any event within Dorothy A. Partin Same As # 2 IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH Asphyxia ,MMEDIATE CAUSE (o) . DUE TO Conditions, if any, which gove Grand mal seizure minutes nse ta immediate cause (a), DUE TO stating the underlying couse and Epilepsy vears be used PART II OTHER'S GNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY removal, PERFORMED? CERTIFICATION 9 NO X YES 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW NIJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 3 shauld Ь PRIMARY ar CONTRIBUTING CAUSE OF DEATH crematian, 20c T ME OF INJURY Month, Day Year 20d INJURY OCCURRED (City or town) 20e PLACE OF INJURY (Home form. (County) Hour am Not While toctary, street, affice bidg , etc.) may be retained far yaur FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I took charge of the remains described above, held an Autapsy Inspect on X, Inquiry X. and in my opinian Applicant | Surcide | death resulted fram Undetermined manner Natura Causes Y Hamic'de | CHIEF MEDICAL EXAMINER priar ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIG NATURE funeral 10-23-67 DEPUTY MED CAL EXAMINER X **EXAMINER'S** 5 may NAME (Type) John Address (Street, city, tawn, ar county) Kehoe M.D., Riverdale, Earyland 230. BURIAL, CREMATION REMOVAL (Specify) 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 10/26/67 Cedar Hill Cemetery Prince Georges. 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Obert E. Wilhelm Funeral Home VR A15ME S 1967 Milarlas 6M 1/67 4308 Suitland Road, Suitland, Maryland





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14360 14355 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o CDUNTY b COUNTY PRINCE GEORGE'S PRINCE GEORGE'S MARYLAND c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 hours POMFRET, MARYLAND 3 Days ANDREWS AFB d NAME OF HOSPITA, OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS B IS RES DENCE ON A FARM? MALCOLM GROW USAF HOSPITAL NO 💌 YES requires that the death certificate be executed within 3. NAME OF First Middle Last 4. DATE Month Doy Year DECEASED 19 67 OCTOBER DAVIS PFCK FLIZABETH (Type or print) DEATH IF UNDER 24 HRS S SEX 6 COLOR DR RACE 18 AGE (In years 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH la : pirthdoy) Doys CAUCASIAN FEMATE OCTOBER89 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 B RTHPLACE (Caunty & State, or foreign country) during mast af warking life, even if retired) physician a INDUSTRY U.S. ELMIRA. NEW YORK Domestic Housewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removol. GEORGE L DAVIS JULIA ROE aftending 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no or unknown) (If yes give war or dates af service 215-48-1881 Gen. Dewitt Peck . Pomfret. Md. crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) -transit ONSE AND DEATH PART I. DEATH WAS CAUSED BY CEREBRAL VASCULAR ACCIDENT IMMEDIATE CAUSE (o) DUE TO signed POSSIBLE PULMONARY EMBOLUS OR MYOCARDIAL burial. Canditions, if ony, which gave nse to immediate cause (a), INFARCTION DUE TO stating the underlying couse WAS AUTOPS PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Health 1 YES 🛣 NO 20g. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port I of Iem 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCC., RRFD 20e PLACE OF INJURY (Home, form (City or lown) (County) (Stote) O FUNERAL DIRECTOR: After this Haur o.m. factory, street, affice blda, etc.) ot work 19 67, that (DC(we) last 21 | certify that (this hospital) attended the deceased from 250ctober , 19 67 , to 27 Oct be retoined director, page 3 should should be filed with the saw the deceased alive an 27 October 1967, and that death accurred at 9.25M, from couses and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE 27 Oct 67 M.D PHYS MATICOLANGEROW USAFE HOSPINIAL 22r PHYSICIAN'S ALIEN D WARD. ANDREWS AFB. WASH DC 20331 NAME (Type)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14363 CERTIFICATE OF DEATH 24 hours after death funeral 1 and hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institut an Residence before admission) a COUNTY Prince George's o. STATEMaryland b COJNPrince George's MARYLAND b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Hyattsville D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? papers Prince George's General Hospital 4711 67th Avenue YES NOW requires that the death certificate be executed within NAME OF and campletely i remave carbon Middle. Last DATE First Month Year Day DECEASED OF DEATH ar removal, and in any event, (Type or print) 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR ast birthday) Manths Days Hours WIDOWED DIVORCED gug 10a USJAL OCCUPATION (Give kind of work lagones vo 10b KIND OF BUSINESS OR 2 CITIZEN OF WHAT warking life, even if retired) ACOUNTRY by the attending physician ransit permit. Then please 13. FATHER'S NAM 14. MOTHER'S MAIDEN' NAME WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, of unknown) (If yes give war or dates of service) crematian, 18. CAUSE OF DEATH (Enter only one couse per line far (q), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH signed by the burial-transit p burial, cremati IMMEDIATE CAUSE (a) 100 DUE TO Conditions, if any, which gave rise to immediate cause (a), (± DUE TO stating the underlying cause be detached for use as the State Dept. af Health prarto has been lost. ATTENDING PHYSICIAN: The law 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(a) PERFORMED? NOXX certificate 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) Haur a.m. factory, street, affice bldg , etc) Nat While TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from be retained and that death accurred at was AM, from touses and on the date stated above saw the deceased alive an 22a. SIGNATURE 226, DATE SUGNED ATTENDING MD DIRECTOR PHYS directar, page shauld be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Wilhelm, M.D. Frederick H. 23c NAME OF CEMETERY OR CREMATORY 23d tocation (Gry or Town) Suitland Pro 23a BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Oct 3, 1967 Cedar Hill Cemetery Pro Geo Md'. 24 FUNERAL DIRECTOR ADDRESS 2Sa REC'D BY REGISTRAR 25b REGISTRAR S SIGNATI VR A15 (4) 25M 1/67 F. Gasch's Pons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film "Gradull/13/67 oh 14364 CERTIFICATE OF DEATH 24 hours after dilath. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND Maryland Prince Georges b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) c. LENGTH OF STAY IN 1b. Cheverly 17 days University Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, nive street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Prince Georges General Hospital 4200 NO YES Van Buren Street requires that the death certificate be executed within 3 NAME OF First Middle Lost 4 DATE attending physician and completely sermit. Then please remave carban DECEASED (Type or print) OF John Pilisbury DEATH S SEX 7. MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 6. COLOR OR RACE 9 AGE (In years NEVER MARRIED Months Days Rours WIDOWED DIVORCED 26 April 1893 74/73 /YIS Male White 10o USUAL OCCUPATION (Give kind of work done 30b KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of warking life, even if retired) COUNTRY? INDUSTRY_ Virginia

14. MOTHER'S MAIDEN NAME 13. FATHER S NAME signed by the attending physic burial-transit permit. Then pla burial, cremation, ar remaval, William P. Pillsbury Catherine Orem 15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, orunknown) (If yes give wor or dates of service) 578-14-9241 Ethel Pillsbury-wife Same as #2 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave : use to immediate couse (a). DUE TO stating the underlying couse as the prior to t has been 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO Z TO FUNERAL DIRECTOR: After this certificate 15 MAS & 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) (County) 20c TIME OF INJURY Month, Day, Year (State) Not While foctory, street, office bldg., etc.) of work ot work 21. I certify that (I) (thus hespital) attended the deceased fram 10 - 12 196) ta 16 28 19 6) that (1) (we) last 16 28 195), and that death accurred a 2.00 AM from causes and an the date stated above. saw the deceased alive an_ 220 SIGNATURE 22b DATE SIGNED director, page 3 shauld be filed v M.D PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 30 BUR AL, CREMATION, REMOVAL (Specify) Buria 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or fown) (County) (Stote) Fort Lincoln Cemetery Colmar Manor,
ADDRESS 1250, RECD BY REGISTRAR 1284, BEGISTRAR 11-1-1967 25b REGISTRAR SSIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 1967 Lee Funeral Home 300 4th St.NE Wash.DC



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF WITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14362 CERTIFICATE OF DEATH and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). PLACE OF DEATH · COUNTERINCE GEORGES ъ сопиту MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b CHIER ARPHO OWE neorest town) WASHINGTON. DC Old Silver Hill Road d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM2 PRINCE GEORGES GENERAL HOSPITAL NAME OF Middle First DATE Doy Year DECEASED DR. MATTHEW PERSION 19 6 (Type or print) DEATH 5 SEX 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** (Sobiethdoy) MALE WHI TE MAR. 15. WIDOWED DIVORCED gue 10b. KIND OF BUSINESS OR 10o, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY USANTRY? WISCONSIN/ Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, MAURICE PERSION BERTHA KRASNICK 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, ne populknown) (If yes pine wor-or dates of service AS ABOVE 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN bur al-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20o ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Dov. Year (City or lown) (Stote) (County) Hour to m. foctory, street, office bldg., etc.) Not While at work L ot work 21. I certify that (I) (this hospital) attended the deceased fram. . 19.61 . to. 1967, that (1) (we) las luni 10 . 1 , and that death accurred at 530AM, from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an. 220 SIGNATURB 22b. DATE SIGNED **ATTENDING** STAFF DIRECTOR 22d. ADDRESS 22c. PHYSICIAN Ostrow, M.D. NAME (Type) Bernard Eastern Ave., Silver Spring. MD. 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) BENRY (Age of y) 10-4-67 MIDWAUKEE. WISCONSIN 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 501-





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH TARKE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) n. COUNTY o. STATE b. COUNTY and 3 to 2 2. of Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside corporate limits. c CITY OR TOWN (If oots'de corposote limits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 write RURAL and give nearest town) Upper Markbooks Marlboro Cheverly DOA d NAME OF HOSP TAL OR INSTITUTION (if not in hospito, give street oddress) d. STREET ADDRESS S RESIDENCE ON A FARM? ef Medical Examiner's Office along with farm Give Pages NO F RFD Box 3764 YES Prince George General Hospital 3. NAME OF Middle Lost 4 DATE Month Doy DECEASED (Type or print) Adrian Joseph Proctor DEATH 10 IF UNDER 1 YEAR F UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF 8 RTH 9 AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys event within 72 hours after death. WIDOWED DIVORCED 30 April 1894 Male Negro 10c USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BURTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working if e, even if refired) COUNTRY 2 INDUSTRY (seorges Gov. emp. This certificate shauld be executed within 24 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no, or unknown) (If yes give wor or dates of service) Same INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE (AUSE (6) Heart Failure shauld be farwarded to the Ch. writing the word DUE TO Arteriosclerotic heart disease over 2 yrs. any Conditions, if ony, which gave rise to immediate couse (a), ⊆ DUE TO stoting the underlying couse and PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY ar remayal, PERFORMED? NO DO 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port or Port II of item 18) 3 shauld CAUSE OF DEATH WEDICAL 20e PLACE OF INJURY (Home, form, (City or town) 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (Stote) Not While foctory, street office bldg, etc.) of work ot work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection 🔀 , Inquiry 😿 , ond in my opinion death resulted from: A Natural causes 27. Accident 17 Suicide . Undetermined manner Homicide . CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER 10-26-67 NAME (Type) John Kehoe, M.D. Riverdale, Md. may Address (Street city, town or county) the 230 BURIAL CREMATION 23b DATE THEREO 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Toyn 250 RECD BY REGISTRAR DATE NOV 2 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Prince Georges the MARYLAND Marvland Prince Georges by the Pages b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) hours write RURAL and give nearest town) 1 1/2 days Cheverly E Hillside d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ed ON A FARM? Prince Georges General Hospital YES NO 4804_0_Street etely 3. NAME DE alhblM Last DATE Month DECEASED evellt, (Type or print) DEATH 19 67 Oct Ransom Mari an I FUNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 8 7. MARRIED XX NEVER MARRIED гетоуе mrthday) Months | Days lease remov and in any e and Female White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done: 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) INDUSTRY **COUNTRY?** that the death certificate be DC. Housewife
13. FATHER'S NAME at home US A MOTHER'S MAIDEN NAME removal, Amelia Able Harry D.Poole 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 17. INFORMANT 16. SOCIAL SECURITY NO. transit permit. (Yes. no, or unkown) , (If yes give war or dates of service) Clarence G.Ransom 4804.0 st S no no the rial-transit printial, creating INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH Intracerebral Hemorrhage, massive DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) certificate has been signed hed for use as the burial-tra **DUE TO** Thrombosis of pons and cerebellum Conditions. If any, which (b) gave rise to immediate DUE TO cause (a), stating the Hypertensive heart disease underlying cause last, (C) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YESX X NO TO HOSPITAL OR ATTENDING PHYSICIAN:
Page 4 may be retained by the hospital
TO FUNERAL DIRECTOR: After this certific
director, page 3 should be detached for
should be filed with the State Dept. of He DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m Not While at work at work 10 - 4 - 1967 to Oct. 5. 1967 that (1) NAS last 21. I certify that (I) (Has dispersion) attended the deceased from_ 1967 and that death occurred at :30 M/from the causes and on the date stated above. saw the deceased alive on Oct. 5 22b. DATE SIGNED 22a. SIGNATURE ATTENDING X STAFF PHYS. 10 M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) Oliver Bond. M. D. 6872 Riverdale Rd. Lanham, Maryland 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial Washington National 10.9.67 Suitland. Maryland 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR 300 4 VR A15 (4) 15M 4-64

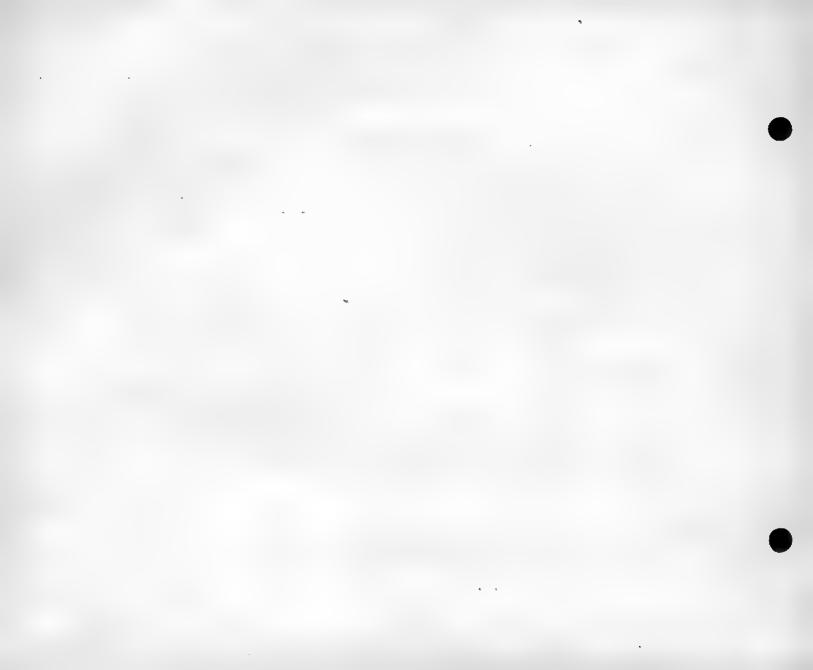


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1	Items 18&21 Film 396 MARYLAND STATE DEPARTMENT OF HEALTH 12-22-67 ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201
FOR STATE	*2364 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	PRACE OF DEATH a. COUNTY Prince George's MARYLAND 2 USUAL RESIDENCE (Where deceosed lived, f institution: Residence before admission) b. COUNTY b. COUNTY b. COUNTY C. STATE D. Tarry Land Prince George's
2, ond 3 ta PM3. Page	b CITY OR TOWN (1 autside corporate imits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) c CENGTH OF STAY IN 16 C CITY OR TOWN (If outs de carparate limits, write RURAL and give nearest town) Laurel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE
E A	Prince George's General Hospital 41 B Street 765 No. 1 April 10 No. 1 April 10 No. 1 April 10 No. 1 No
offer death 18. Give Poges olong with the store	DECEASED (Type or print) Lorraine Elvira Redden DEATH 10 23 19 67
be executed with n 24 hours ofter 'pending'' in pencil in Item 18. Give ef Medicol Examiner's Office olong nsit permit. File poges Iond 2 with thin 72 hours offer death.	female White Wisowell Devokets In Devokets
ld be executed with a 24 hours or "pending" in pencil in Item 18 Ch of Medicol Examiner's Office of tonsit permit. File pages I and 2 vevent within 72 hours ofter death	13 FATHER'S NAME Plane Redden Wary Jane Danis
e executed the pending in the Medical Establishment in the most permit. Find within 72	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, na, or unknown] [If yes give war or dates of service] 378-12-3026 Hazel Northan Seat Bleasant My
frote should be ing the word 's reded to the Changes as a burial-troiond in any even	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY HAS I X DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH
This certificate, writh be forword the used removal,	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES X NO 200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBLTING CAUSE WAS CAUSE OF DEATH CAUSE OF DEATH
INER: should files. 3 should tion, or	20c TIME OF NJURY Month, Day, Year 20d NJURY OCCURRED 20e PLACE OF NJURY (Hame, farm, Hour a.m. While Not While factory, street, affice bida., etc.)
it EXA cecute Page for you DR: Pag	p.m. 19 at wark a work 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquity X, and in my apin death resulted fram: Natural cases X, Acceptent , Suicide , Hamicide , Undetermined manner
o DEPUTY MIDITAL necessory, please exerthe funeral director. P 5 may be retained for 0 FUNERAL DIRECTOR Health prior to bur ol,	ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Kehoe M.D., Riverdale, Maryland CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, ar county)
TO DEPU necessor the fune 5 may b	230 BLRIAL, (REMATION) 23b. DATE THEREOF 23c JAME OF CEMETERY OR CREMATORY 23d LICAT ON (City or Town) (County) (State)
VR A15ME(S)	25 REFO BY REG STRAR 25 REG STRAR 25 REG STRAR 25 REG STRAR 3 SIGNATURE DEW JUL DATO CT 3 0 1967 Thanks Judge



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

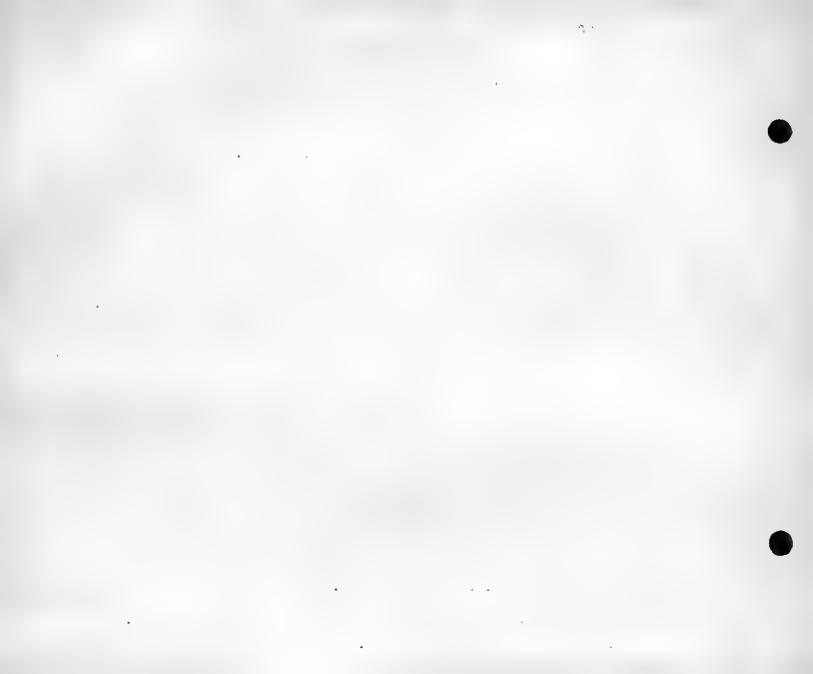
Page 4 may be retained by the hospital ar attending physician.

3 ATTOM

	CERTIFICAT	E OF DEATH	3070
) [PLATINGE GEORGE'S MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution Resider	nce before admission)
-	b. CITY DR IDWN (It autside carporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest lawn)	c CITY OR TOWN (If autside corporate limits, write RURAL and gw	re nearest town)
H	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET, ADDRESS	e IS RESIDENCE
4	USAF HOSFIIAD ALDREWS	使343人及\$	YES NO K
	3 NAME OF First Middle DECEASED (Type or print) CASEY MARIE	READ 4 DATE Month OF DEATH OCTOBER	Day Year 7 19 67
9	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED AND DIVORCED DIVORCED	8 DATE OF BIRTH 9. AGE (In years funder last birthday) 4 Manths	TYEAR IF UNDER 24 HRS Days Hours Min
	100. US_AL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 1NDUSTRY N/A		TIZEN DE WHAT
	13. FATHER S NAME CURTIS LYIAN READ		EAD, LD.
	(Vac an asymptomy a) (Of the automorphism of sent ca)	INFORMANT Address 28A ATHLEAN J. REED-MOTHER, VILLIAG	HIVER VIEW E, INDIAN (*
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Cond t ans, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c)	Distiess Syndrome	30 HRS.
1	PART II OTHER S GNIFICANT COND TIONS CONTRIBLT NG TO DEATH BUT NOT RELATED TO		19 WAS AUTOPSY PERFORMED? YES NO
11 760711	OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Part I ar Part II af Hem 18.)	
117037	Hour a.m. 19 While Nat While of work 19 of work	ctary, street, affice bidg., etc.)	nutk) (State)
	21 I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an	at death accurred at <u>5:21 F</u> M, from causes and an t	
	220 SiGNATURE Herrich & Collen	AD PHYS DIRECTOR PHYS 2 7	DOT 67
	22c PHYSICIAN'S NAME (Type) HERRICK J COHEN	22d. ADDRESS 4168 SUITHAND RD, SUITHAND,	NID 20023
		NATIONAL CEMETERY ARLINGTON, VI	
	24 FUNERAL DIRECTOR ROBERT E. WILHELM FUNERAL HOME 4308 SUITLAND ROAD, SUITLAND, MARYLAND	DATE OCT 1 1 1967 Holia	rlas Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 -- 426S 14371 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FO P PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY any delay is 1, 2, and 3 ta Department of Maryland Prince George's Prince George's MARYLAND b, CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 DOA Hvattsville Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 8 IS RESIDENCE ON A FARM? d STREET ADDRESS This certificate should be executed within 24 haurs after death. If in Item 18. Give Pages 5104 Llst. Avenue YES NO TO Prince George General Hospital please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Page d rector Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with NAME OF Middie 4 DATE Year DECEASED OF DEATH 10 19 67 (Type or print) Carinna Reeside 28 9 AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX B. DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Davs Haurs in any event within 72 hours after death WIDOWED DIVORCED 10 July 1882 White Female 10a USUAL OCCUPATION (Give kind of work done during most of working, the, even if retired) 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR Home kentucky llousewife 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Corinna B Broomhall Anderson C Quisenberry 16. SOCIAL SECURITY NO. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) John B Reeside Hyattsville, Md. no 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET, AND DEATH IMMEDIATE CAUSE (6) Heart failure unknown Arteriosclerotic heart disease Conditions, if ony, which gove 1 rise to immediate cause (a). DUE TO stating the underlying cause ond PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? ar remayal, YES 🗌 NO X 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in any in Part 1 of tem 18) 3 shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. cremation, 20c TIME OF INJURY Manth, Day, Year Haur a.m. 20f (City ar tawn) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (County) (Stote) factory, street, affice blda., etc.) While Nat While at work 5 may be retained far yaur O FUNERAL DIRECTOR: Page at wark 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry x ond in my opinion prior ta burial, Natural couses, IC. Acident Suicide Homicide Undetermined monner deoth resulted from. funeral d rectar CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 10-30-67 Riverdale, Md. NAME (Type) John Kehoe, M.D. Health Address (Street, city, town, or county) 23c NAME OF CEMETERY OR 23d LOCATION (City or Town) 23a BUR AL CREMATION 23b DATE THEREOF (County) (State) REMOVAL ISpeniy Nov. 1, 1967 Arlington National Arlington Va. Hyattsville, Md. 250 REC D BY REG STRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR F. Gasch's Sons VR A15ME (5) DATE NOV 1 1967 Menday Judge 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4367 CERTIFICATE OF DEATH The low requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before odmission)b. COUNTY GEORGES MARYLAND the c (ITY OR YOWN (If outside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 EDEN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS IS RES DENCE ON A FARM? HOSPITAL ANDREWS GENERAL DELIVERY YES NO X NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED ENOCH NMN REID. JR (Type or print) DEATH remove cor and in any event 9 AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED DATE OF BIRTH lost birthdoy) Manths Dovs Hours NEGROE MALE MIDOWED DIVORCED FEB 7979 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
US ARMY COUNTRY? INDUSTRY ABBEVILLE, GEORGIA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removol, ENOCH REID NANCY FULLER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor or dates of service) SAME AS #2 YES 258-12-6060 WIFE 18. CAUSE OF DEATH (Enter on y one cause per line for (a) (b), and (c),) INTERVAL BETWEEN to been signed by the sas the burrol-transit foriar to bur ol, cremati PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE ON ARTERIOSCLEROTIC HEART DISEASE by the hospital or attending physician. Conditions, if any, which gove (b) DIABETES MELLITUS rise to immediate cause (a). NOKEKO stoting the underlying couse certificate has been O CANCER OF LUNG WITH METASTASTS WAS AUTOPS: PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I(o) director, page 3 should be detached for use should be filed with the State Dept. of Health NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of term 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. NURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF thouRY Month, Doy, Year Hour om, foctory, street, office bldg, etc.) Not While of work at work 21. I certify that (1) (this hospital) attended the acceased from 3.6 Oct _____, 1967___, to __16_Oct__, 19_67 that (1x(we) lost Poge 4 moy be retained , and that death occurred at 9:45M from causes and an the date stated above O FUNERAL DIRECTOR: saw the acceased alive an 36 SIGNATURE 22b DATE SIGNED 220 STAFF M.D. 16 Oct 67 PHYS. PHYS CIAN S 22d. ADDRESS Hospital Andrews CAPT LISAT MC Andrews AFB, Wash DC 23d LOEATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. REMOVAL (Specify) Savannah, Ga. Remova. Lowe's Funeral Homeoress 2So REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 1967 1425 Md, Ave, N. E. Wash.D. C.



1	MARYLAND STATE DEPARTMENT OF HEALTH
The state of the s	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
death.	
after death the funera ges 1 and after death	1. PLACE OF DEATH a COUNTY a. STATE b. COUNTY b. COUNTY
offer the es]	b. CITY OR TOWN (if outsite corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RORAL and give nearest town)
Pag Urs	With the round and give weedest town)
- S	d JAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE
.34- Nours after fulled in by the 1 papers. Pages 1 nin-22-fours after	Sorion talle Tarrice ON A FARM?
rith Control	3. NAME OF AFIRST MIDDLE Last VI A DATE Month Day Year
with the same of t	OF DECEASED (Type or print) RNNIE ROTA 17 1967
com com eve c	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS.
xect and emo	WIDOWED DIVORCED 6/6/887 87) Wrs
d in dia	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Country & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?
te bysici	GIVT. WORKER WAR DEPT. Waskington D.C. U.S.A.
ifica s ph	13. FATHER'S NAME
ding left.	15 WAS DESCRIPTION OF A NOTH STANDARD S
a it it	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 578-36-1270 ANNA MYERC ALEX VA
dea he a per tion	10 11003 11003
requires that the death certificate be executed within 39-Nours ding physician. been signed by the attending physician and completely fulled in by the burial-transit permit. Then please remove carbon, papers. Part to burial, cremation, or removal, and in any event, within 22-fours	PART I DEATH WAS CAUSED BY. O A GOLD OF THE STAND DEATH
that ician led I-tra II, cr	
sign sign curia	Conditions, If any, which) DUE TO CEREBRAL VASCULAR ACCIDENT I MONTH
ng ling l	gave rise to immediate
w reendi	underlying cause last. (c) (FENGRALIZED ARTERIOSCLEROSIS) IEARS
e la ratt re his	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
: Th af or ficat or u	PREUMONIA; HERPES ZOSTER YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34-hours after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the furector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 Hours after	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
The I this betage	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While factory, street, officebldg., etc.) p.m. 19 at work at work 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Ma by 1 Her State	Hour a.m. While Not While p.m. 19 at work at work
ND Ded The A	21. I certify that (I) (this-hospital) attended the deceased from manh 9, 1966, to October 17, 1967, that (I) (wer last
CTO RTTE	saw the deceased alive on october 16 1967, and that death occurred at 95 M, from the causes and on the date stated above.
De De La State La Sta	ATTENDING - MED STAFF - 10 // -
ray AL Dage	22c, PHYSICIAN'S NAME (Type) 1 DOD DO STANDARD COMMENT OF SILVER
O HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	THAPOLD ONAPEN PILO SPING NOE SPING, 40
Par Par Sho	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (city, town or county) (state)
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4)	JAMES I. RVAN INC. Strat 317 PARIESIEDR3 DATE OCT 20 1901
20M 1/65	1 DATE





MARYLAND STATE DEPARTMENT OF HEALTH 463 (1) DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14375 haurs after death funeral I and gud PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY NCE GEORGES PRINCE GEORGES MARYI AND haurs after Pages b CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) and give nearest town) SUITLAND d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? PHYSICIAN: The law requires that the death certificate be executed within-24 4419 WHITEHALL STREET 4419 WHITEHALL STREET YES NO IX NAME OF Middle First DATE Month Day Year Lost carbah completel DECEASED OCTOBER 22 67 and in any event, FREDERICK **SCHAUB** 19 (Type or print) ALBERT DEATH IF JNDER I YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** remaye last birthday) Manths Hours WHITE WIDOWED DIVORCED OCTOBER 23,1884 MALE and 10a USUAL OCCUPATION (Give kind of work dane during most of working Life, even if retired)

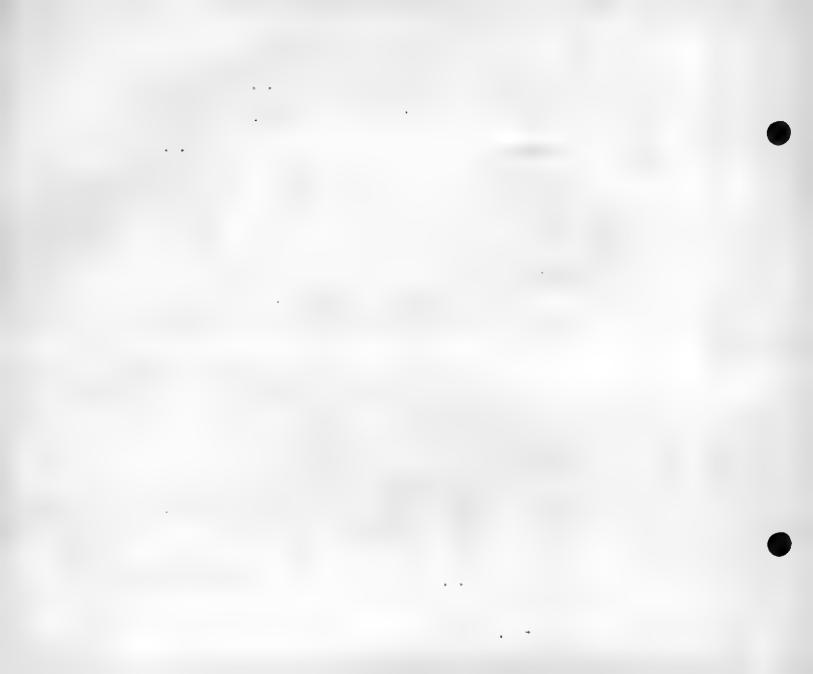
MACH LNEST 11 BIRTHPLACE (County & State, or fareign country) 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? USA physician (ease INDUSTRY WASHINGTON D. C. GOVERNMENT 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar removal, the attending physical permit. Then p WHILEAMINE FREDARICKER HERMAN SCHAUB 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates af service) MELVIN E. SCHAUB 4411 WHITEHALL ST. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) signed by the burial-fransit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise ta immediate cause (a), DUE TO stoting the underlying couse by the haspital ar attending ÷ priar ta has been O S PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY CATION PERFORMED? nse. filed with the State Dept. of Health NO certificate far 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) FUNERAL DIRECTOR: After this TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Haur a.m. Not While OR ATTENDING at wark 10 P.D. 22, 1967, that (1) (wet last 21. I certify that (1) (this toppiral) attended the deceased fram Page 4 may be retained 12 3 M, fram causes and an the date stated above 012/1967 and that death accurred at saw the deceased alive on 22a SIGNATURI 22b DATE SIGNED MED DIRECTOR PHYS directar, page shauld be filed ADDRESS 22c PHYSICIAN'S NAME (Type) 20031 23a BJRIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREO! (County) (Stote) REMOVAL (Specify) PRINCE GEORGES, MARYLAND 10/25/67 CEDAR HILL CEMETERY 0 2Sb REGISTRAR S SIGNATURE ROBERT E. WILHELM FUNERAL HOME REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 4308 SUITLAND ROAD, SUITLAND, MARYLAND



	RYLAND STATE DEPARTMENT OF HEALTH I AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201
14371	CERTIFICATE OF DEATH	14376
PLACE OF DEATH o COJINTY b (ITY OR TOWN (If outside corporate limits.) I C L	MARYLAND O. STATE TRA	osed lived, if institut on Residence before gorm ssion) b. COUNTY
write RURAL and give nearest town.	Bureeks Laurel	e IS RES DENCE ON A FARM
DECEASED (Type or print) AMES E.M.	Middle Last 4 DATE OF DEATH	
MIDOWED R	DIVORCED	
Landele Chrymush	14. MOTHER'S MAIDEN NAME	EMMA OSIER
es, no, or ynknawn) (If yes give war ar dates of service) 215-	01-8889 Wm / Schen	Address 12.903 / Dernig his
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause (c) DUE TO DUE TO (c) DUE TO (c)	rease monay Tubercula	scular interval Between onset and Death ?. Dees, grreted 2 years
,		PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, MOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY	OCCURRED 20e. PLACE OF INJURY (Home, form, 20f.	(City or town) (County) (State)
p.m. 19 at work 21. 1 certify that (I) (this haspital) attended t	the deceased fram $9-18$, 1967,	
22a. SIGNATURE LOCAL V. Sloca L. 22c. PHYSICIAN'S	M.D. ATTENDING DIRECTOR 22d. ADDRESS 22d. ADDRESS	STAFF 22b DATE SIGNED PHYS / 6 - / - 6 7
NAME (Type) ROLDING U. O BURIAL CREMATION, 23b DATE THEREOF 23c	00-91-17-9	OCATION (City or Town) (Caunty) (State)
BUREAL DIRECTOR	ACCHURCH LA DARCT 4	RAR 256 REGISTRARS SIGNATURE 1967 Classifa Company
Od 33 SY	PLACE OF DEATH O COJNTY b CITY OR TOWN (If outside corporate limits, where RURAL and give, nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give so per print) SEX 6 COLOR OR RACE WIDOWED WIDOWED TO USUAL OCCUPATION (Give kind of work done uring most of warking fle, even if retured) WIDOWED WIDOWED SEX 6 COLOR OR RACE WIDOWED WIDOWED WIDOWED TO INDUSTI A ME TO HOSPITAL OR INSTITUTION (If not in haspital, give so per print) SEX 6 COLOR OR RACE WIDOWED WIDOWED WIDOWED TO INDUSTI WIDOWED TO INDUSTI TO SOCIA Yes, no, or priknown) If yes give wor ar dates of service The A ME To SOCIA Yes, no, or priknown) If yes give wor are dates of service To Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause (b) To Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause (b) TO ACCIDENT WAS UNDER, YING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDER, YING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 21. I certify that (I) (this haspital) attended saw the deceased alive an p.m. 22. I certify that (I) (this haspital) attended saw the deceased alive an p.m. 22. SIGNATURE 23. DATE THEREOF 23. BURIAL, CREMATION, 23b DATE THEREOF 23. BURIAL, CREMATION, 23b DATE THEREOF 24. ACCIDENT WAS UNDER, YING 25. DATE THEREOF 26. DATE THEREOF 27. ACCIDENT WAS UNDER, YING AND COLOR CONTRIBUTION AN	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH PLACE OF DEATH PLACE OF DEATH O COUNTY MARYLAND CITY OR TOWN III coused corporate furnis, you have a compared furnis, you have compared furnished. MARKE OF DEATH EXX O COLOR OR RACE 7 MARRIED NEVER MARRIED DOUGREED A DATE OF BRITH WOONED DOUGREED A DATE OF BRISINESS OR 11 BRITHPLACE (County & Stote, or INDUSTRY) INDUSTRY Industry or compared furnished Industry or country or compared furnished Industry or country or cou

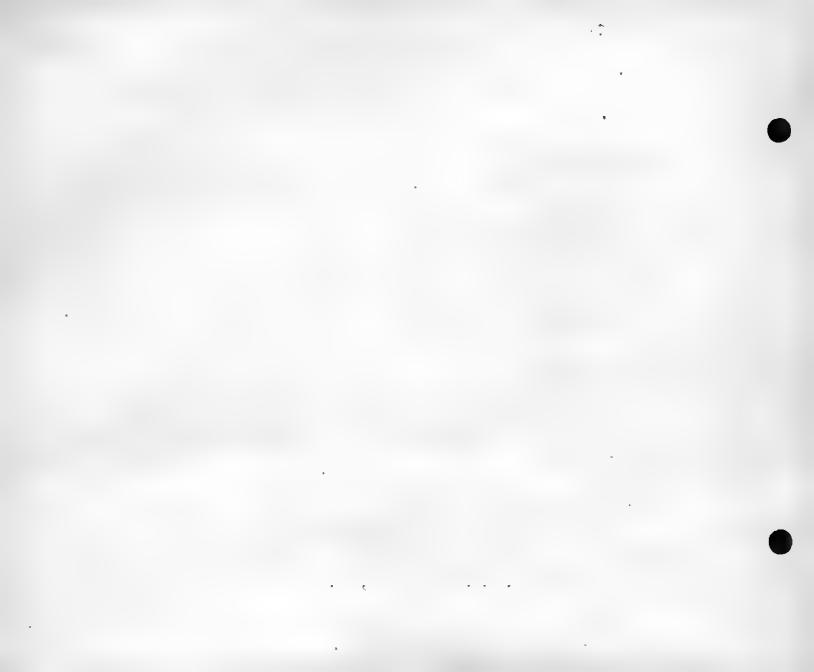


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14377 CERTIFICATE OF DEATH funeral I and 2 Per death 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY a. STATE b. COUNTY and completely fulled in by the fur remave carban papers. Pages I n any event, within 2 hours after MARYLAND Prince Georges C LENGTH OF STAY IN 15 b. CITY OR TOWN (If autside carparate limits. CITY OR TOWN (If guitside corparate emits, write RURAL and give nearest town) write RURAL and give negrest town) 2yrs.78days Washington Glenn Dale (rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 5033 Call Place S.E. Glenn Dale Hespital YES NO 🔀 The law requires that the death certificate be executed within 3 NAME OF Middle 4. DATE Inst Уваг DECEASED Screggins Octaber 9 67 (Type or print) Leretta DEATH 10 and in any event, JE UNDER 24 HRS IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthday) Months Days Hours 12/6/83 Female Negre WIDOWED 3 DIVORCED and 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT physican a ien please i during most of working life, even if refired) INDUSTRY COUPTBY ? Nassau, Bahama Island 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physical burial-transit permit. Then plantial, ar remayal, Mary Bascade Jerry Ricarde IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) Ilnknewn (Decedent) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) 1 ON SEL AND DEATH PART I DEATH WAS CAUSED BY-Pulmonary thrombo-embolism IMMEDIATE CAUSE (a by the haspital or attending physician. DUE TO Recurrent cerebrovascular accident unknown Conditions, if any, which gave rise to immediate couse (o). DUE TO stating the underlying cause director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar to (a Generalized arteriosclerosis unknown PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS ALTOPSY PERFORMED? Obesity YES K NO. th's certificate 20a ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c. TIME OF INMIRY Month, Day, Year Hour 'o.m. Not While factory, street, affice bldg., etc.) ATTENDING TO FUNERAL DIRECTOR: After 7-23 1965 to 10-9 1967, that ADQ we) last 21. I certify that *() (this haspital) attended the deceased fram be retained 10-9 19 67, and that death accurred a2:15PM, from causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22h DATE SIGNED 10-9-67 DIRECTOR MD. PHYS 22d. ADDRESS Glenn Dale Hespital 22c. PHYSICIAN'S NAME (Type) Mee Weiss, M.D. Glenn Dale, Maryland 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23o. BURIAL CREMATION. (County) (State) REMOVAL (Specify) Lincoln Memorial Rem. Suitland, Maryland 250 REC'D BY REGISTRAR 256. REGISIRAR S SIGNATURE C McGuire VR A15 (4) 25M 1/67 DATE OCT





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 133779 FOR STATE HEALTHEDERT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY , to [0] Prince George's Maryland Prince George's MARYLAND 2, and 3 to PM3. Pag c CITY OR TOWN (if outside corporate limits, write RURAL and a ve nearest town) b CITY OR TOWN (If outside corporate limits. c LENGIH OF STAY IN 16 write RURAL and give nearest town) Cheverly 7 days Riverdale a NAME OF MOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Deg please execute the certificate, writing the ward 'pending' in pencil in Item 18. Give Pages 17 6815 Riverdale Road Prince George General Hospital YES NO TO This certificate shauld be executed within 24 hours after death 4 DATE DECEASED DEATH 10 (Type or print) Sechez Hazel S SEX 8 DATE OF B.RTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthdovi Months Days any event within 72 haurs after death. 8-24-27 WIDOWED DIVORCED Female. White 100 USUAL OCCUPAT ON (Give kind of work dane 11 BiRTHPLACE (State or foreign country) 105 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working fe, even if ret red)
Sales woman NDUSTRY H (BONIBAS Maine Real Estate 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Forrest Baker Unknown 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, na, or unknown) (If yes give war ar dotes of service) Hospital records Cheverly no Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMED ATE (AUSE 10) Gun shot wound of head DUF TO Conditions, if ony, which gove (b) ase to immediate couse (a). DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN NIPART ((a) 19 WAS AUTOPSY PERFORMED? ar remaval, NO Ise 200 EXTERNAL CAUSE WAS PRIMARY.XX or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in any in Port L or Port L of item 18) 3 shauld CAUSE OF DEATH Shot self in head. cremation, 20f (City or town) 20c TIME OF INJURY Manth Day, Year 20d IN.LRY OCCURRED 20e PLACE OF INJURY (Home, form 1:00ampm 10-22- 19 67 of work of work foctory, street, office bldg etc.) DIRECTOR: Page home same as #2 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection x Inquiry . and in my apinion Kedgent . Suicide on Hamiliae death resulted fram Natural causes Undetermined manner the funeral director CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASS STANT MEDICAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER 😾 John Kehoe, M.D. Riverdale, Md. 10-30-67 Heo'th NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 230 BURIA, CREMATION Burial Specify Ft Lincoln Cemetery Oct 31, 1967 Colmar "anor Pro Geo Md ADDRESS 24 FUNERAL DIRECTOR 2Sa. RECD BY REGISTRAR Gasch's Sons VR A15ME (5) llyattsville, Md. 6M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

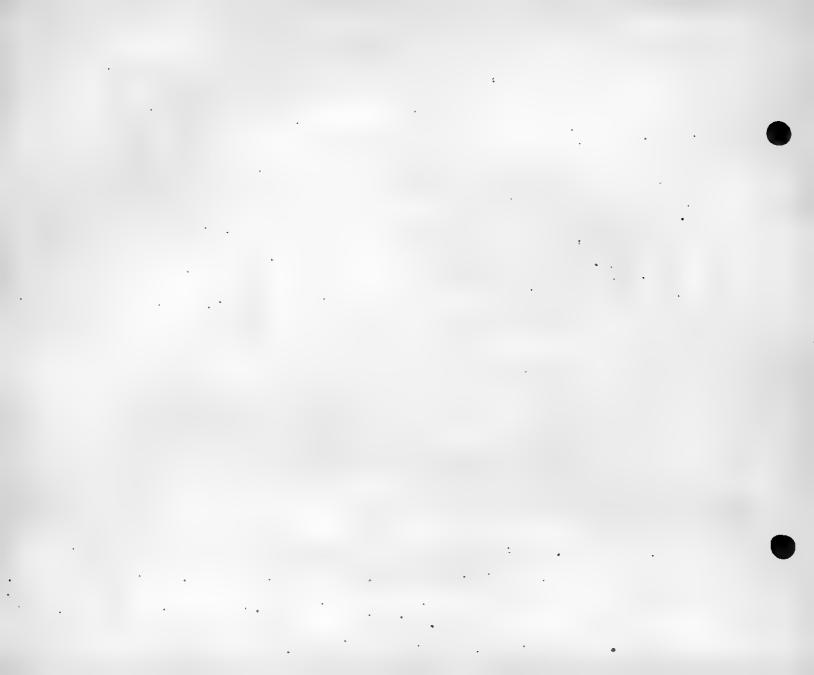
Item #15 Film #G394 CENTER FATTER

FOR THE PROPERTY OF THE PROPER CERTIFICATE POF DEATH 14390 deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o STATE b COUNTY Prince George's Pro George's Maryland The law requires that the death certificate be executed within 24 hours often MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURA, and give negrest fawn)
Lanham Md. Riverdale, Md. papers hin 72 h e IS RESIDENCE ON A FARM? Step in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 5400 54th avenue Magnolia Gardens Nursing Home YES T NO X 3 NAME OF 4 DATE Doy signed by the attending physician and completely. buriol-transit permit. Then please remove corbot buriol, cremation or removed Year DECEASED Franz (Type of print) Seiders DEATH Oct 10. 19 IF UNDER 1 YEAR 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost_birthdoy) Days Hours white Jan 19, 1904 male WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if refired)
Retired electrician U S Government CHNTRY? Maine 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harold L Seiders Elizabeth Lane 15 WAS DECEASED EVER IN J.S. ARMED FORCES? TE SOCIAL SECURITY NO 17 INFORMANT Address to 9/2 Rose I Seiders East Riverdale. Md. INTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART ! DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nse ta immediate cause (a). DUE TO stoting the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART I(a) Health I NO X 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Port II of item 18) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur o m. foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that (1) (this haspital) attended the deceased framiliaics 1961, ta 10-10 Page 4 may be retained 1960, and that death accurred at 3.50 M, fram causes and an the date stated above saw the deceased glive an 10 22a SIGNATURE 22b DATE SIGNED DIRECTOR M.D. PHYS director, page should be filed 22d ADDRESS NAME (Type) George Hageage Cottage City. Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify)
Burial Oct 14, 1967 Cedar Hill Cemetery Suitland Pro Georges Md. 1967 REGISTRAR'S S GHATJEN ADDRESS 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Gasch's Sons Hyattaville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

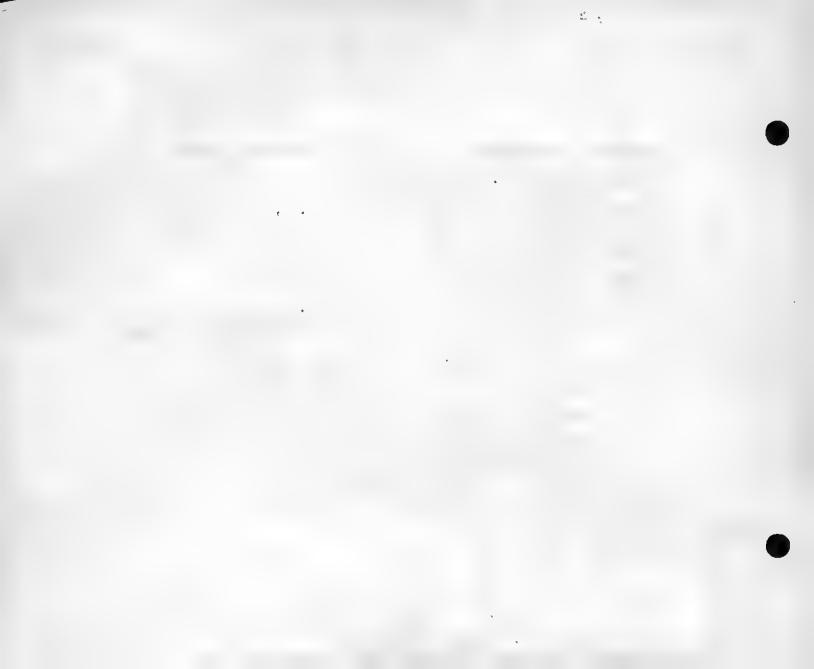


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY: MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest low write RURAL and give/hearest town) Ξ d. NAME OF HOSPITAL OBAINSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? completely_fil □ NO 🔀 carbon NAME DE Day DECEASED (Type or print) AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS. last blythday) | Months | Days | Hours | Min. and con remove 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED any DIVORCED [USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) soring most of working life, even If retired) MOTHER'S MAIDEN NAME remova 15 WAS DECKASED EVER IN U.S. ARMED FORDES 16. SOCIAL SECURITY NO. INFORMANT Address 0 (Yes, no. or unkown) (If yes nive war or date in Service) Someas 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: m me d IMMEDIATE CAUSE (a) been Signature the formal-transfer the formal-transfer the formal-transfer the formal transfer to the formal transfer transfer to the formal transfer transfe DUE TO SCUD 2015 Conditions, If eny, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. SP PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate NO F YES [E G 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. STOR: After I should be di Not While p.m. at work at work 1963 40 00 19.62 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from July DIRECTOR: age 3 should iled with the saw the deceased alive on _ and that death occurred at 10.13M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MED. STAFF M.D. E E 22d, ADDRESS FUNERAL 22c. PHYSICIAN'S or, i NAME (Type) Marvin Schneider. M.D. Silver Spring Avenue, S.S., MD. director should I 1-23d. LOCATION (City, town or county) (State) BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 25a. RED D BY REGISTRAR | 25b. FUNERAL DIRECTO VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

180	CERTIFICATE	E OF DEATH	14382
funga funga 1 pnd 1 pnd er deco	PRACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased aved, if institute a. STATE MARYLAND PRINCE GE	
by the f	b. CITY OR TOWN (If autiside carparate nimits write RURAL and give nearest town) SUITLAND	c CITY OR TOWN (IF autside corporate limits, write RURA DISTRICT HEIGHTS	
24 ha	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) SUITIAND NURSING HOME	d STREET ADDRESS 7915 FOSTER STREET	e is residence On a farm? Yes NO X
ed within 2 bletely filled carbon pagent, within	3 NAME OF First Middle DECEASED (Type or print) EVELYN K. SERCOMBE	Last 4. DATE Month OF DEATH	
executed with	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	JAN. 1,1879 9 AGE (In years inst birthdoy) 88 yrs.	Months Days Hours Mm.
ite be excion and sase remand in an	10a USUAL OCCUPATION (Give kind of work dane during most of work an life even if retired) HOUSEWIFE INDUSTRY	11. BIRTHPLACE (County & State, ar foreign country) CALIFORNIA	12 CITIZEN OF WHAT COUNTRY?
tifica hysia n pla val, o	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
ng p The	MARTIN TRESIDDER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	UNKNOWN INFORMANT Addres	ie .
he death certificate b e attending physician permit. Then plesse ian, or remaval, and i	(Yes, no, or unknawn) (If yes give war or dates af service) FR	RED W. TRESIDDER SAME AS	* 2
equires that the physician. signed by the burial-transit burnal.	18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c) PART I. DEATH WAS CAUSED BY. HMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. (c) (d) (e) (b) (b) DUE TO (c)	Arteriorchi Sea	INTERVAL BETWEEN ONSET AND DEATH
ician: The law resital ar attending rificate has been dear use as the attending at Health prior ta	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF ETITIFE NOTIFY MEDICAL FY AMINIE)		19 WAS AUTOPSY PERFORMED? YES NO
UNG PHYSICIAN: by the haspital ar ffer this certificate be detached far u State Dept af Heal	- (II CITIES, NOTILE INSDICAL EXAMINES)	(Enter nature of injury in Part I ar Part II of item 18.) ACE OF INJURY (Hame farm. 20f (City or town)	(Careta) (Santa)
JING PHYSIC by the haspit fer this certif be detached State Dept af	Hour'a.m. 19 While Not While of work of work	ctary, street, affice bldg , etc.)	(County) (State)
R ATTENDI retained b RECTOR: Aft 3 should b with the St		at death occurred at Crox/M, from couses o	
OR ATTENI be retained DIRECTOR: A pe 3 should ed with the	Walliam C. Facillet M		22b. DATE SIGNED
O HOSPITAL OR ATTEND Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the	PHYSICANS NAME (Type) WILLIAM C. LAMBERT.	29 32 - W ST., S.	E. Dei 20
Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us shauld be filed with the State Dept of Healt	230 BURIAL (REMATION, PEMOYAL (Specify) BURIAL 23b. Date thereof 10/10/67 ARLINGTON CE	EMETERY UPPER DARBY	PENNSYLVANIA
VR A15 (4) 25M 1/67	4308 SUITLAND ROAD, SUITLAND, MARYLAND	DATE OCT 9 1967	fillowles Jusge







MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14355 CERTIFICATE OF DEATH 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE **b.** COUNTY Prince George MARYLAND Marvland Prince George filled in by the fu odn papers. Pages i Wahin 72 baurs affer b EITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give neorest town Hvattsville 4 vears Hvattsville e IS RESIDENCE d. STREET ADDRESS d NAME OF HOSPITA. OR INSTITUTION (if not in haspital, give street address) ON A FARM? Sacred Heart Home, 5805 Queens Chapel Rd. 5700 Queens Chapel Road YES NO IX PHYSICIAN: The law requires that the death certificate be executed within Middle 4 DATE Month 3. NAME OF Forsit Last Doy Year the attending physician and campletely, sit permit. Then please remave carbdn DECEASED 19 67 October 28 Sheehv (Type or print) Emma DEATH F UNDER 1 YEAR S SFX AGE (In years IF UNDER 24 HRS B DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthday) Months Davs Haurs signed by the attending physicion and co burial-transit permit. Then please reman burial, cremation, ar remaval, and in any **G3WOGIW** DIVORCED Female White April 6, 1873 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Clerical INDUSTRY **COUNTRY?** Washington, D.C. United States 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ella Mitchell Archibald Hutton 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) 215-52-9266 Sacred Heart Home, Hyattsville, Maryland no TB. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO an Lew O retending Conditions, if any, which gave use to immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priarta WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION NO I YES 🔲 20° ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg, etc.) Hour o.m. Not While OR ATTENDING 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED DIRECTOR M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) PONA TLEISCHE/E 1665 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23b. DATE THEREOF (County) (Stote) Washington D. REMOVAL (Specify) Oct 30, 1967 Mt Olivet Cemetery ADDRESS 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR I'. Gasch's Sons Hvattsville, Md. VR A15 (4) 20 M 1/66



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1	PLACE	- OI	DI	ATI	1

CERTIFICATE OF DEATH

-	2001	CERTITICS	AIL OF DEATH	Reg. Dis	t. Na.		
	T. PLACE OF DEATH		2. USUAL RESIDENCE (When	e deceased lived. If institutions Residenc	e before admission)		
4	" county rince Georg	ge's County MARYLAND	o. SIAIE	b. COUNTY L . C	. Co.		
-	b. CITY OR TOWN (If outside corporole li	imits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RURAL and gi	ve negrest town)		
	Cheverly, Ed.		Lanham, ra	d _e			
	d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION	, give street address)	d STREET ADDRESS 6	00-l'ontain Blu	e. IS RESIDENCE ON A FARM?		
1		s Nospital	Carrolton	Terrace	YES NO 🔯		
	3 NAME OF (rerneda,	First Middle		OF Month	Day Year		
	(Type or print) Neda		Showt Shortt	DEATH Oct.	6 1967		
	5. SEX 6. COLOR OR RAC	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Doys Hours Min.		
	remale white	WIDOWED DIVORCED	2-9-03	O4 yrs.			
	10a. USUAL OCCUPATION (Give kind of war during most of working life, even if retir	rmell		* "	ZEN OF WHAT COUNTRY?		
	nousewife	llome	Kentucky	У	U.S.A.		
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NA				
	Kobert Childus	3	Piartha	furitt			
	15. WAS DECEASED EVER IN U. S. ARMED FO	of service)	INFORMANT		yacts, id.		
		279 24 4211 1	arold Short	t-son 3617 Galla	tin .t.		
	18. CAUSE OF DEATH [Enter only one	cause per line for (o), (b), and (c).]			INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	CORONARY THROMBOS	SIS		6 hrs		
	· ·	DUE TO					
	Conditions, if ony, which) (b) ARTERIOSCLEROTIC HEART DISEASE						
	apve rise to immediate	gove rise to immediate (
	lying couse last.	(c)					
	PART 11. OTHER SIGNIFICANT CO	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?					
)	5 DIABETES	MELLITUS			YES NO		
	PART 11. OTHER SIGNIFICANT CO DTABETES 20s. ACCIDENT WAS UNDERVING OR CONTRIBUTING CAUSE OF DEAT (If EITHER, NOTIFY MEDICAL EXAMINER.)		ED. (Enter noture of injury in Pa	irt I ar Port II af item 38)			
		0					
	20c. TIME OF INJURY Month, Doy, 16 Hour a. m. p. m, 15		LACE OF INJURY (Home, form,	20f. (City or town) (C	conty) (Stole)		
	Hour a.m. 19		actory, street, office bldg., etc.)	e B B			
	21. I certify that I attended the deceased from Sept. 5. , 19 67, to Oct. 6, , 19 67, that I last saw the deceased						
	alive an, 19, and that death accurred at, M, fram the causes and an the date stated above.						
	dilve dil	7 - Ond mor deal		DDRESS (Street, city or town, state)	DATE SIGNE		
	ACTUAL CAMPAGE	In Jugan		N AVE., WASH.,D.C.			
	SIGNATURY 200 V V V V V V V V V V V V V V V V V V	1	. M.D.				
1 9	PHYSICIAN'S SAMUEL J.I	N. SUGAR, M.D.			Oct. 6, 19		
	220. BURIAL, CREMATION, 22b. DATE THER	REOF 22c. NAME OF CEMETERY O	OR CREMATORY	2d. LOCATION (City, lown or county)	(State)		
	DULLIAI 10-10			dadletown, Unic			
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24p. REC'D	BY REGISTRAR 24b. REGISTRAR'S SIG			
	Lee runeral nome		TOO		as Verdal		
		ATTOTAM	D. O. D.	~ U 10 WI /	V 19 19		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL COR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-shauld be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) TSM 9/55

THE OFFICE OFFICE AND STATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17.000 **FOR STATE** HEALTH-DEPT. 2 USUAL RESIDENCE (Where deceased lived, it institution; Residence before admission) PLACE OF DEATH District of Columbia a. COUNTY Prince George
b CITY OR TOWN (If outside carparate limits, MARYLAND delay c CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RuRAL and give nearest town) Driving Thru Washington Rural Clinton Drivid. NAME OF HOSPITAL OR ASTITUTION (final in hospita, give street address) d STREET ADDRESS ON A FARM? along with form St. Rt. 5. nr Surrats Rd. YES NO TO 11 th St. S.E. This certificate should be executed within 24 hours after death NAME OF Middle 4 DATE First Last Year DECEASED OF DEATH 10-(Type or print) Smalls Chervll Lee NEVER MARRIED IF UNDER 1 YEAR 9 AGE (In years S SEX 8 DATE OF BIRTH . 6. COLOR OR RACE 7 MARRIED last birthday) Manths WIDOWED DIVORCED 27 Dec. 1958

11 BIRTHPLACE (State or foreign country) event with n 72 haurs after death & YIS se certificate, writing the word "pending" in penail in Item 18 should be farwarded to the Chief Medical Examiner's Office Negro TOO K NO OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done 2 CITIZEN OF WHAT during most of working life, even if ret red) INDUSTRY WASHINGTON, D. C. Hene 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mrs. Mattie Hicks Rev. Albert O. Smalls 16. SOCIAL SECURITY NO 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) None Albert D. Smalls - 401 11th Street. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) ONSET AND DEATH Minutes PART I. DEATH WAS CAUSED BY: Burns- 100% of body surface IMMED ATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) please execute the certificate, NO 3 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of neury in Port I or Port I of term 1B) . 3 shauld PRIMARY TO ar CONTRIBUTING CAUSE OF DEATH Passenger of car involved in collision. crematian, (Stote) 2Dd INJURY OCCURRED 2De PLACE OF NJURY (Hume form. 20f (City or town) (County) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) While at wark of wark may be retained for yaur FUNERAL DIRECTOR: Page P.G. Md. dlinton 21. I certify that I took charge of the remains described above, held an Autopsy Inspection A Inquiry A, and in my apinion death resulted from: Natural cas Spicide . Hamicide Undetermined manner ▲ Accident / Ident the funeral directar CHIEF MEDICAL EXAMINER Health priar ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10-15-67 DEPUTY MEDICAL EXAMINER 😾 John Kehoe, M.D., Riverdale **EXAMINER'S** Address (Street, city, town or county) NAME (Type) 23d LOCATION (City or Town) 23a BURIAL, CREMATION. 23r. NAME OF CEMETERY OR CREMATORY DATE THEREOF 0 0 REMOVAL (Specify) 10-19-67 LINCOLN MEMORIAL CEMETERY SUITLAND. MARYLAND 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR JOHN T. RHINES FUNERAL HOME, 3015 12TH ST. N. WASHINGTON, D. C.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2070	CERTIFICATE OF D	EAIR	1.10 20
1. PLACE OF DEATH a. COUNTY PRINCE GEORGES b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) DISTRICT HEIGHTS d. NAME OF HOSPITAL OR INSTITUTION (if not in 7206 ELMHURST STREET	c LENGTH OF STAY IN 16 c LENGTH OF STAY IN 16 DIS' hospitel, give street eddress) c. CITY OF DIS' d. STREET	6 ELMHURST STREET	ES
3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MAR WHITE WIDO	WED DIVORCED SEPT. 1	3,1915	onths Days Hours Min.
done during most of working life, even if relired)	NELLI	A. MAIDEN NAME E. OSTER Address	12. CITIZEN OF WHAT COUNTR
18. CRUSE OF DEATH (Enter only one ceuse p PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate ceuse (b), stating the underlying cause lest. (c)	extine for (a), (b), and (c) ! on on any fint oron any fint	briom bosis Eny Désease	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CO. 20s. ACCIDENT WAS UNDERLYING 20s. II OR CONTRIBUTING 20s. II (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s. TIME OF INJURY Month, Day, Year 20s. II Hour a.m. W	ONTRIBUTING TO DEATH BUT NOT RELATED TO TO SECRIBE HOW INJURY OCCURED. (Enter nature of d. INJURY OCCURED 200. PLACE OF INJURY (Final Not While et work et work	injury in Part I or Part I of Iam 18.)	IN PART 1(e) 19. WAS AUTOP PERFORMED? YES NO [(County) (S1e1e)
21. I certify that (I) (this hospital) att saw the deceased alive on	319.6.7, and that death occurred by the second of the second occurred by the second	MED. STAFF DIRECTOR PHYS. 4273 Branch +	I on the date stated above 22b. DAT SIGN We Leight (Stele)

death. Page retained by the hospital or attending physician.

TO FUNERAL actions by the hospital or attending physician.

TO FUNERAL actions and complete as been signed by the attending physician and complete actions, page 3 should be detached for use as the butial-transit permit. Then please remove carbon papers. Ages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 722-bours after VR A15 (4) 15M 7-62

hin 24 hours after

d in by

24 FUNERAL DIRECTOR'S SIGNATURROBERT E. WILFERS FUNERAL HOME 4308 SUITLAND ROAD, SUITLAND, MARYLAND

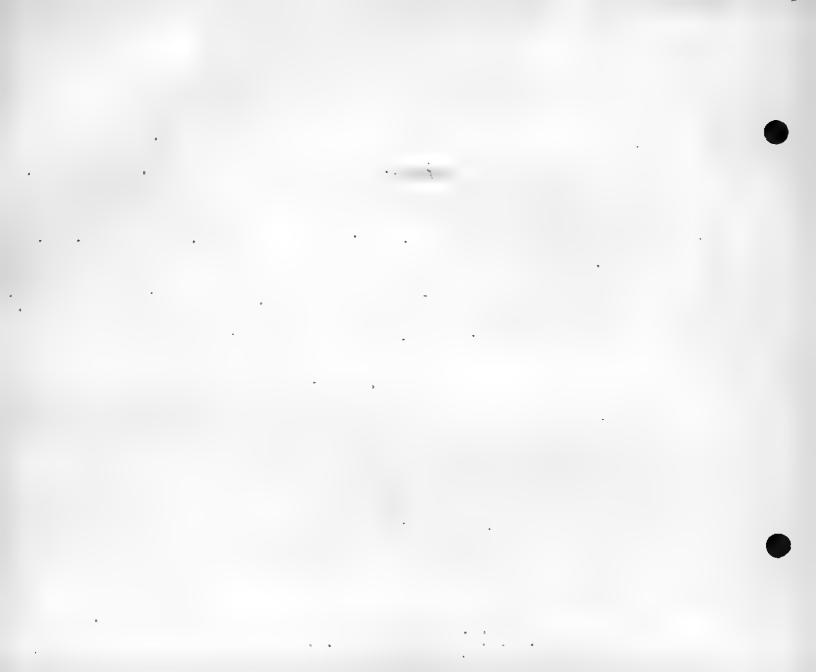
OCT 27 1967 REGISTRAR'S SIL







	DEPARTMENT OF HEALTH RDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1438S CERTIFIC	
1. PLACE OF DEATH a. COUNTY Prince George MARYLAI	2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. STATE Maryland b. COUNTY Prince George
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hyattsville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addi Hyattsville Nursing Home	d. street aboress 1513 Jonathon St. o. IS RESIDENCE ON A FARM? YES \(\sum_{YES} \sum_{NO} \sum_{YES} \)
3. NAME OF DECEASED (Type or print)	SMITH 4. DATE Month Oay Year DEATH Oct. 12 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10 10 10 10 10 10 10 1	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady-Lansburgh's Dept. Stores	11. BIRT HPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John H. Smith	Ve Washington, L.C. U.S.A. 14. MOTHER'S MAIOEN NAME Lena Rechweig
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (1995, no., or unknown) (1995 give war or dates of service) 577-01-697	Address Andrew H. Smith- 1515 Jonathon St.
cause (a), stating the DUE TO underlying cause last.	lired metastases. 15 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
₹ 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, farm, actory, street, office bidg., etc.) (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from	that death occurred at 1/30 M, from the causes and on the date stated above. M.O. ATTENDING MED. STAFF 10/12/67.
22c. PHYSICIAN'S NAME (Upe) (Liam F. Simpson, M)	6216 NIH. Are NE
REMOVAL (Specify)	TERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 1111 Cemetery Suit and Md. 25d. REGISTRAR'S SIGNATURE
2901 14th St. N.W. Washington	GIIV a Commanda a comm





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death unera PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) A:-COUNTY a. STATE b. COUNTY bon papers. Pages 1 within 72 hours after 11065 MARYLAND 111954 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) deN .E filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7912 Echols 440 YES NO completely cartoon NAME OF DECEASED First Middle Last Day event. (Type or print) m & 5 DEATH 19 SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. remove 7. MARRIED 8, DATE OF BIRTH NEVER MARRIED in any and WIDOWED DIVORCED NE y the attending physician a sit permit. Then please re mation, or removal, and in 10a. USUAL OCCUPATION (Give Kind of workdone) 11. BIRTHPLACE (County & State, or foreign country) 10b, KIND OF BUSINESS OR 12, CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? ARDENING 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) çremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a) and (c). INTERVAL BETWEEN After this certificate has been signed by the detached for use as the burial-transit ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a) or attending physician. burial DUE TO 105C/EROSIS Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the prior 5056 underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) for use Health p WAS AUTOPS) PERFORMED? YES [NO F 203 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) ō TO FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work OR ATTENDIN 1967, to 16 001 21. I certify that (I) (this hospital) attended the deceased from 15 saw the deceased alive on zer and that death occurred at 9:00 AM. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. PHYS. DIRECTOR YВШ PHYSICIAN'S NAME (Type) 22d. ADDRESS 3302 DATE THEREOF 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) Burial 10-20-67 Harmony Memorial Park Prince Georges Cty. Md. John T. Rhines Co Funeral ADDRESS REC'D BY REGISTRAR | 25b. John Home VR A15 (4) 15M 4-64



	,		MARYLAND STATE DEPARTMENT OF HEALTH						
8	,			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	in motion in				
	. ~			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	14394				
	The law requires that the death certificate be executed within 24 haurs after death attending physician. I have been signed by the attending physician and compressly titled in by the funeral size as the burial-transit permit. Then please remayerarbon papers. Pages, and if he is at to bur of, crematian, or remayal, and in any event, within 72 hours after the proof of crematian, or remayal, and in any event, within 72 hours after the proof of t	7	i i	PLACE OF DEATH COUNTY RINCE GEORGES MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution Residence of STATE of COUNTY VIRGINIA FAIRFA	1				
	24 hours after a partie of the pers. Pages 772 hours after a pages and a pages after a pages a pages after a pages after a pages a pages a pages a pages a page a pages a page		A	c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give write RURAL and give nearest lawn) 3 Mos 7 days SPRINGFTFLD					
	4 hr in ers. 72 h	.0		I NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS	e IS RESIDENCE ON A FARM?				
	nn 24			ISAF HOSPITAL ANDREWS 7100 ORIOLE AVENUE	YES NO				
	ed within		- (NAME OF First Middle Last 4 DATE Manth DECEASED OF	Day Year				
	e de la company		5 5	Type or print) LUEBERTHA JANNETTE SONNENBURG DEATH OCTOBER	2 1967 1 YEAR 1 IF UNDER 24 HRS				
	equires that the death certificate be executed with physician. s gined by the attending physician and campretely burial-transit permit. Then please remaye carbon burial, crematian, or remayal, and in any event, will		F	EMALE CAU WIDOWED DIVORCED 19 NOV 1910 5/1 56 YIS	Doys Hours Min				
	be in e				TIZEN OF WHAT				
	ate licitor leas		N	URSE US AIR FORCE FT SCOTT KANSAS US					
	ohys val,			FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
	The The			AMES W. BROWN WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address					
	eaff endl mit.		(Ye	s, na, or unknown) (If yes give war or dotes of service))					
	he d ath perri		1	ES 321-34-2221 HUSBAND SAME AS #2 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	NTERVAL BETWEEN				
	the strain was trained and the strain was traine			PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CARCINOMATOSIS FROM OVARY	ONSET AND DEATH				
	s th ciam d by tra cre			1750 DUE TO					
	u rei hysi gne urial			Canditions, if any, which gove) (b)					
	o Planta			rise to immediate cause (a), DUE TO					
	law re nding been s the 'arta			last. (c)					
	N: The law requires the or attending physician. The has been signed by the burial-transcript of the prior to burial creations of the contractions.	,	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NONE	19 WAS AUTOPSY PERFORMED? YES NO				
			L CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)					
	TO HOSPITAL OR ATTENDING PHYSICIAI Page 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certifical director, page 3 shauld be detached fairs shauld be filed with the State Dept. at His		MEDICAL	20k TIME OF INJURY Month, Day, Year Mour o m p m 19 20d. INJURY OCCURRED And While at work at wark (Country street, office bldg , etc.) 20f. (City or tawn) (Country street, office bldg , etc.)	unty) (State)				
	Afte Afte Stees			21. I certify that (*) (this haspital) attended the deceased fram 15 Jul , 1967, to 2 Oct , 19	6-7 that (1)k (we) last				
	ATTEND etained CTOR: A shauld vith the			saw the deceased glive an 2 Oct 19 67, and that death accurred at 5 tu M, fram causes and an the					
	reto			ATTENDING MED CTAFF	oct 67				
	be ge			22c. PHYSICIAN'S DIRECTOR DIPHYS. & 22d. ADDRESS USAF HospitalAndre					
	Mal RAL	1		NAME (Type) ROBERT E. HARRIS, CAPTUSAF MC Andrews AFB, Wash					
	e 4 LINE LINE Cottor		230	BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town)	(Caunty) (State)				
	O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRE director, page 3 shauld be filed v		T	REMOVA. (Specify) Burial 10/7/1967 National Memorial Park Falls Church FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 250. REGISTRARS SI	Virginia				
	VR A15 (4)		24.						
	25M 1/67			Ives Funeral Home 281 was Windle	1 udge				



	D 7 65 6	Division of STATIST	ICAL RESEA	RCH AND RECORDS	301	W. PRESTON STRE	ET, BALTIMORE, A	MARYLAND 2	1201
	~4390	Tre	ms #0	CERTIFIC	ATE	OF DEATH	n 	<i>*</i> -	14395
	PLACE OF DEATH a. COUNTY	ince Georg	300			- CTATE	Where deceased lived, if	institution Reside	ence before admission) CE Georges
Sun Allo		outside corporate limits	-	MARYLAN c LENGTH OF STAY IN 31		c CITY OR TOWN (If ou	LETTU	F I 111	ce dearges
	write RURAL and	give nearest tawn)	,	C LENGTH OF STAT IN ST	"		TAXXET COLOR III III III III III III III III III I		
<i>-</i> -	Cheverl	V OR INSTITUTION (If no	e :- hie-i	in street address)		d STREET ADDRESS	SAMAASAAKK	ALX PIU.	
		George Gene		,			Street		e 3 RESIDENCE ON A FARM? YES NO
3	. NAME OF	Fir		Middle		Last	4. DATE	Manth	Day Year
1	(Type or print)	Geo	rge	Ш	S p	eckman 🖪 🗀	OF DEATH	Oct.,	15 19 67
S	SEX	6 COLOR OR RACE		NEVER MARRIED] B.		79 AGE (In)	years IFUNDE iday) Manths	R I YEAR IF JNDER 24 HRS Doys Hours Min.
	Msle	White	WIDOWED	DIVORCED [6 July 1/96	36 1.7/1/4	y15.	CIT 201 OF INUIST
di	Da USUAL OCCUPATION uring most at working li	(Give kind af wark dane ife, even If retired)		ND OF BUSINESS OR DUSTRY		11, BIRTHPLACE (County	& State, ar fareign countr		CIT ZEN OF WHAT COUNTRY?
	uring most at working li	ired	U.s	Gov't		Washington	, D.C.		U.S.
[3. FATHER'S NAME WILLIAM F	SPEC	KMANN			14. MOTHER'S WAIDEN I	NAME LEDERER		
-		RINUS ARMED FORCES?	16.5	OCIAL SECURITY NO	17 IN	IFORMANT	BW 4420 PM 42-00 C	Address	
1 j	Yes, no, or unknown) ((If yes give war ar dates o	f service)	7-30-2456		RNICE M. SP	ECKMAN WIF		AS # 2
F		ATH (Enter only one cou H WAS CAUSED BY			1/	7			INTERVAL BETWEEN
	PART 1. DEATH	H WAS CAUSED BY IMMEDIATE CAUSE	(o) Ce	ribine	ZK	aroul	2000		ONSET AND DEATH
		DUĘ							
	Conditions, if any,	cours (a)	(b)						
	stoting the under		TO 01	te	- 0	0 - 3			
	last.		(1)		C.J.	en on)		TO WAS AUTODOV
ATION	PART II. OTHER SIG	SNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATE	D TO TH	HE TERMINAL DISEASE (OI	NDITION GIVEN IN PART	1(a)	19 WAS AUTOPSY PERFORMED? YES NO
CEPTAFICATION	20a. ACCIDENT WAS OR CONTRIBUTING I	CAUSE OF DEATH	205. DES	SCRIBE HOW INJURY OCCUI	RRED (E	Enter nature of injury in	Part I ar Part II of item	1B.)	
		MEDICAL EXAMINER)	204 15	JURY OCCURRED 20	n DIACE	E OF INJURY (Home, farm	n. 1 20f. (City or t	men) (f	County) (State)
MEDICAL	20c. TIME OF INJUI Haur a.m p.m	10	While at work	41 149141		ry, street, affice bidg , etc.		VIII) (C	(31010)
	21. I certif	y that (I) (this has	pital) attend	ted the deceased fra	ım_ <i>O</i>	Lagar, 1	1967, ta 60	15, 19	947that (I) (we) la
	saw the de	ceased alive an_(14 19 62, and	d that	death Sccurred at	5 20/1 M, from €	The second secon	the date stated abov
	22a. SIGNATURE	2001	B(7)	rue n	M.D.	ATTENDING PHYS	MED. STAI	ff m /a	DATE SIGNED
	22c. PHYSICIAN'S		0		M.U.	22d. ADDRESS	DIRECTOR L PHY	, C	CA DIC
	NAME (Type)		15.0	AMERO	N		147	RACH	HERLYD
2	30. BURIA., CREMATIO REMOVAL (Specify)			23c NAME OF CEMETER	RY OR C	REMATORY	23d. LOCATION (Ci		(County) (State)
-	BURTAL 24 FUNERAL DIRECTOR	10-18-6	37	Ft Linco	ln (Cemetery REC'	Colmar M	anor, Ma 25b. REGISTRAR'S	SIGNATURE
	GASCH'S		IYATTSV	ILLE, MARYL		DAG CT			Ear Judac
				4		I UMID 12	1 4 1 14 14 1	75	CONTRACTOR OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 143396 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY Prince George b COUNTY Prince George Maryland MARYLAND law requires that the death certificate be executed within 24 hours ofter Ma. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 5712 - 66th. Ave., Riverdale, Maryland 5712 - 66th, Ave. NO X NAME OF Middle 4. DATE Year any event, will signed by the attending physicion and completely burial-transit permit. Then please remove carbon DECEASED William Thomas Speer October 8 19 67 (Type or print) DEATH , ond in any ever IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH 9 AGE (in years lost birthdoy) Georg Hours White Male DIVORCED Sept. 6, 1928 WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? John Pro (Washington, D.C. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal, William Thomas Speer Sr. Elsie Klinehalse 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT burial-transit permit. burial, cremation, or re (Yes, no, ar unknown) (If yes give war ar dates of service Josephine Speer - Same as # 2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN approved PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ONSET AND DEATH Carcinoma of pancreas attending physicion. TOTAL Adenocarcinoma of colon (two separate 9 months Conditions, if any, which gave) rise to immediate cause (a), malignancies) DUE TO stoting the underlying cause priar to l 19 WAS AUTOPSY PERFORMED? PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) fied for use NO 20a ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH noti (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form (City or fown) (County) (State) 20c, TIME OF INJURY Month, Day, Year TO FUNERAL DIRECTOR: After this Nat While factory, street, affice bldg., etc.) examiner at work pe 21. I certify that (I) (this hospital) attended the deceased from 23 March . 19 67, to 8 October 67, that (I) (we) lost saw the deceased alive an 19 Magust 1967, and that death occurred at 3:20 M, from causes and on the date stated above. 220 SIGNATURE 22b DATE SIGNED October 67 MED. DIRECTOR director, poge should be filed 22d. ADDRESS 612 Main Street, Laurel, Md20810 Ca Richard Compton. M.D. edi 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF (County) (State) Md. Colmar Manor Pro Geo Oct 11, 1967 Ft Lincoln Cemetery 2So REC'D BY REGISTRAR 25h REGISTRAR S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 F. Gasch's Sons Hyattsville, Md. DATECT

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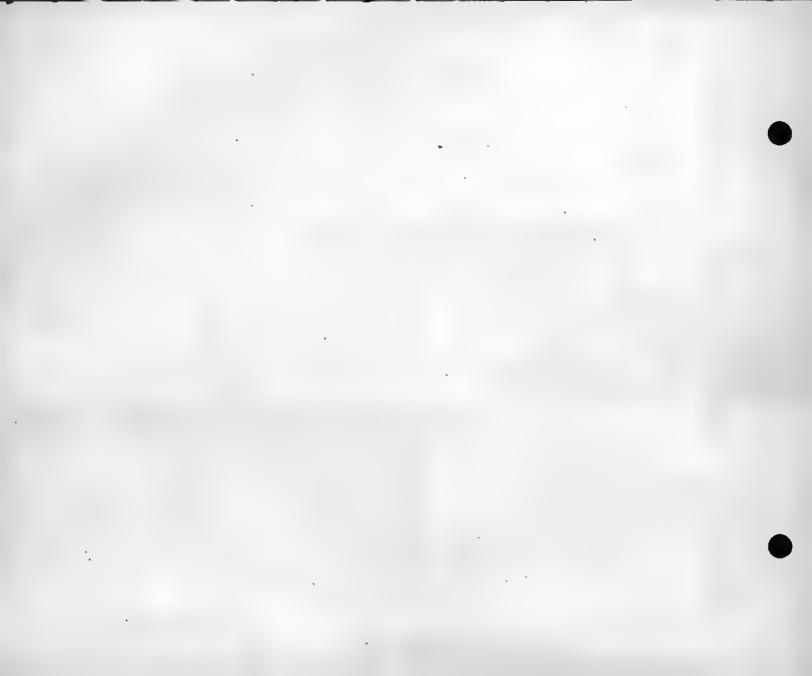
OF DEATH CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before e.dm ssion) e. COUNTY b. COUNTY Prince Georges
b. CITY OR TOWN (if outside corporete I mrls, Maryland MARYLAND Geo I c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), end a ve necrest town) write RURAL end give neerest town RURAL-Upper Marlbore RURAL-Upper Marlbers d NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Bex 2575-Brewn Station Road Bex 2575-Brewn YES NO X 3. NAME OF DATE Middle Yeer DECEASED OF (Type or print) Flerence DEATH October 19. Mary Sauibb 67 within 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS carb last birthday) Months event, Hours Female WIDOWED DIVORCED | Feb. physician гещоуе 10s. USUAL OCCUPATION IGIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete. 12. CITIZEN OF WHAT COUNTRY or foreign country) done during most of working life, even if retired)
Housewife any Own Home Pennsylvania please .⊆ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Franklin Fornwald Matilda (mee Kreitz) Iken removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive wer or detas of service) has been signed by the No Warren S. Squibb-Same as Item #2. permit. the hospital or attending physician. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (e) burial-transit Conditions, if any, which gave rise to immediate cause burial **DUE TO** (e), steting the underlying the cause lest. certificate PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY 18 Q CERTIFICATION PERFORMED? use prior NO [detached for 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) ö fectory, street, office bldo., etc.) Hour e.m. Not While DIRECTOR: 3 should be dei el work et work pm. 19 ■. I certify that (I) (this hospital) attended the deceased from , and that death occurred at 1/230K, from the causes and on the date stated above saw the deceased alive on... O S 22e. SIGNATURE DATE ATTENDING FUNERAL page with th PHYS. DIRECTOR PHY5. 22c, PHYSICIAN'S 22d. ADDRESS filed v NAME (Type) William J. P. Heward, M.D. 230 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, (Stelle) Ç.₽₽.S Union REMOVAL (Specify) Michaels Pretestant REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bres. Fun 1 Heme-Upper Marlborold VR A15 (4)

VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2DM 5-63



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14399 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Prince George Maryland Prince George MARYLAND b CITY OR TOWN (If autside corporate imits, write RURAL and give nearest town)
Riverdale c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Ranier days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? 2701 Webster St. Eugene Leland Memorial Hospital YES NO IX PHYSICIAN: The law requires that the death certificate be executed, within NAME OF First tost 4. DATE Month 106Y DECEASED OF DEATH 19 67 Edmund Stahl October (Type or print) camplé AGE (n years S SEX 6. COLOR OR RACE IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 1921 birthdoy) Hours and in any WIDOWED DIVORCED 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Salesman U.S. Supply New York 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal, Stahl, Aalexander Ronnberg. Ann IS WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) 104-01-2968 Hospital Record 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), ond (c).)
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN this certificate has been signed by the Jetached for use as the burial-transit ONSET AND DEATH Acute Hepatic failure IMMEDIATE CAUSE (o). DUE TO Conditions, if only, which gove Severe fatty change of liver 3-6 months rise to immediate couse (o). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? detached for use te Dept of Health YES X NO Congestive heart failure, anemia, alcoholism 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. factory, street, office bldg , etc) Not While OR ATTENDING of work **DIRECTOR:** After 1967, Po 8 00 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from JUNE OCY 1967, and that death occurred at 9:15M, from causes and an the date stated above saw the deceased alive an 226 DATE SIGNED 22o SIGNATURE **ATTENDING** MED DIRECTOR , page 3 be filed v M.D 22c PHYSICIAN'S 22d ADDRESS RIVERDALE NAME (Type) director, 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 67 Ft.Lincoln Cem. | Colm Funera DDRESS Mt. Rainier RECD BY REGISTRAR Marylan d | NOT 1 3 C.F. EMARTION 10/10/67 Colmar Manor. Md. 9 Nalley's 24. FUNERAL DIRECTOR THOMS INC. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14400 CERTIFICATE OF DEATH 1395 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Prince George's h. COUNTY Maryland MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b Riverdal e negrest town) days Washington, D C d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? within 72 Leland Memorial Hospital 3009 Douglas Street YES NO-F NAME OF First Middle Last 4 DATE Day Year carbon DECEASED Stubbs, Harry E DEATH October 1967 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours Male in any Negro 4/24/97 WIDOWED DO DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? WSSC INDUSTRY and Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Stubbs, Prince IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war ar dates af service) 16 SOCIAL SECURITY NO. 17 INFORMANT Address Admitting Record 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN buriol-transit ONSET AND DEATH CARDIAC ARRES IMMEDIATE CAUSE (o) DUE TO KERFORATION OF ANASTOMOSIS Conditions, if any, which gove DESMOUN rise ta immediate cause (a), DUE TO stating the underlying cause CARCINDMA OF STOMACE 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES [NO O FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) l be detached I Stote Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Manth, Day, Year Haur a m 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (State) (County) factory, street, office bldg., etc.) Nat While at work ot work 2) I certify that (1) (this hospital) attended the deceased from , 19____, that (# (we) los . to_ O HOSPITAL OR ATTEND Page 4 moy be retained 1967, and that death occurred at 7150 M, from causes and on the date stated above saw the/deceased olive on. 22a SIGNATUR 22b. DATE SIGNED M.D DIRECTOR 22c. PHYSICIAN'S NAME (Type) BUR AL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BANGYAL (Section) Olivet Cemetery Washington, D.C. 25g_RECID_BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH







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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1440K 6601 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY PRINCE GEORGES MARYLAND FAIRFAX CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 26 days FALLS CHURCH d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOX USAF_HOSPITAL ANDREWS FIDDLERS GREEN 3 NAME OF First Middle 4. DATE Dov Year DECEASED (Type or print) TAYLOR OCTOBER ELLEN DEATH 19 67 AGE (In years lost birthdov) S SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** DATE OF BIRTH Hours WIDOWED DIVOR(ED LIS YIS. FEMALE APRTI, 1922 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** HOUSEWIFE NA PUYALLUP, WASH. USA 13. FATHER 5 NAME 14 MOTHER'S MAIDEN NAME signed by the ottending physi buriol-transit permit. Then pl buriol, cremotian, or removal, WILLIAM BENTHIEN LILLIAN BREFFTT 17 INFORMANT IS. WAS DECEASED EVER IN J.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give wor or dates of service) NO HUSBAND SAME AS # 18. CAUSE OF DEATH (Enter only one couse per line for INTERVA. BETWEEN (b) and (c).) PART 1 DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (o), **DUF TO** stoting the underlying couse 19 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES 3 NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF NJURY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) **DIRECTOR:** After this Not While foctory, street, office bldg., etc.) of work of work 21. I certify that (1) (this haspital) attended the deceased from 7 Sept ______, 19_6 7_kta___3 Oct___, 19_6 7, that (X (we) last 300+ 19.67, and that death accurred at 7.2 3M, from causes and an the date stated above. saw the deceased alive an_ 22b DATE SIGNED 3 Oct 67 22o. SIGNATURE **ATTENDING** PHYS 22c PHYSICIANS 22d ADDRESS Andrews AFB, Wash DC 20331 TO FUNERAL NAME (Type) INDEMAN USAF Hospital Andrews 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Id Takoma lakoma (emexeru FUNERAL DIRECTOR 2So, RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



to Hospital or attending Physician: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleas remove carban perfers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 bours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

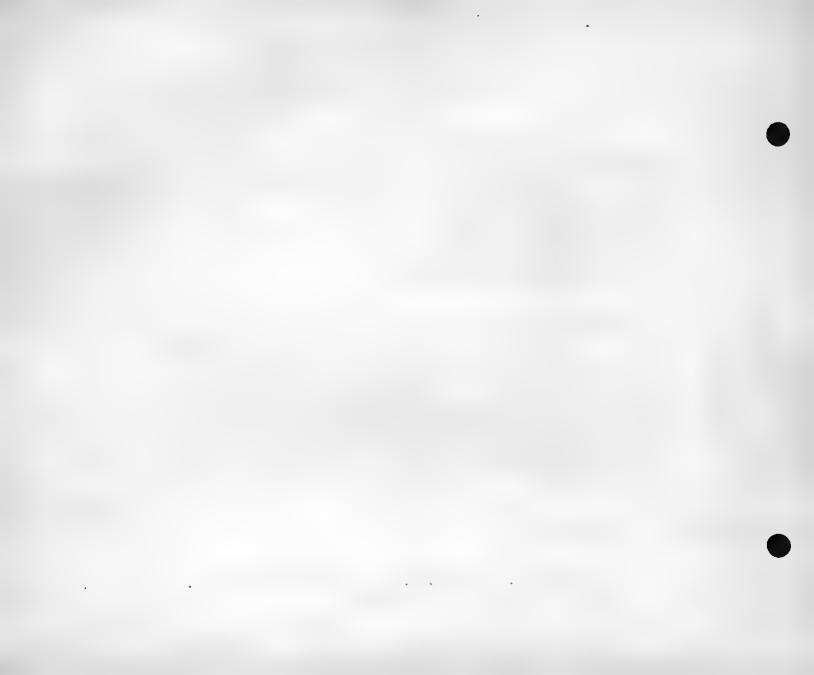
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CERTIFICATE OF DEATH

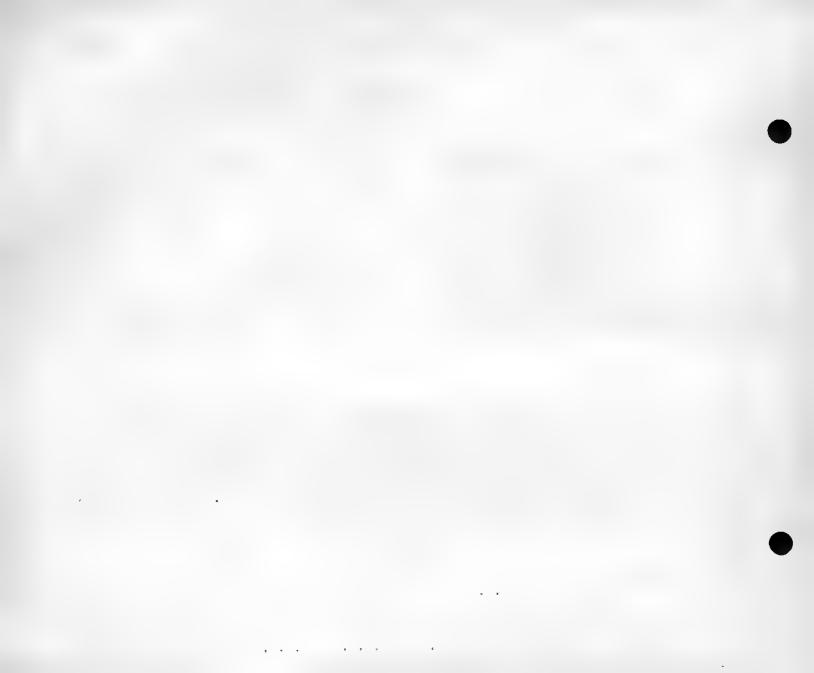
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		PLACE OF DEATH					2. USUAL RESIDENCE (Mary 1 and	Where deced				ission)
		Prince Geo			MARYLAN					nice Ge		
	,	b. (ITY OR TOWN (If o Cheverly	utside corporate limits, ve nearest town)		c LENGTH OF STAY IN 18	b	COTY OR TOWN (If ou	tside corpoi	rote limits, write RI	URAL ond give	nearest tow	
		d. NAME OF HOSPITAL		in harastal a	_		d. STREET ADDRESS				TAISE	ESIDENCE
174		Prince Geo					4682 Home r	A	3110		ON	A_FARM?
1 1		NAME OF	Firs		Middle		lost	4. DATE		nth	YES [NO X
		DECEASED (Type or print)	r(t)	John	E.	-	Cramme 11	OF DEATH			Doy	Year 19 67
	_		COLOR OR RACE		NEVER MARRIED		8. DATE OF BIRTH		9 AGE (In years	IF UNDER 1		DER 24 HRS
		Male	White	WIDOWED	-	51	7/10/05		lost birthdoy) 62 yrs	Months	Doys Hot	irs Min
	100	USUAL OCCUPATION (G	ive kind of work done		ND OF BUSINESS OR		11 BIRTHPLACE (County	& Stote, or fi	oreign country)		ZEN OF WHA	T
	dun	ing most of working life BARBE/2	, even if retired)	RAI	OUSTRY SHOP		NORTH CA	4 ROL	iNA	2	INTRY?	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I					
	ı	PANCE	TRAMM	ELL			OLE HO	06A1	V ·			
		WAS DECEASED EVER III			OCIAL SECURITY NO.	17.	NFORMANT		Add	ress 4 6 8.	2 /Lone	a ave
	110	No	yes give war or ables or	57	7-10-8202	Se	ralie Tron	more	el -	Luik	land	mel
			H (Enter only one cous WAS CAUSED BY:	. /	(0), (b), and (c).) erebro - Va		was Com	ident	A .		INTERVAL ONSET AN	BETWEEN D DEATH
		4201	IMMEDIATE CAUSE (DUE 1	7	***************************************				-77			
		Conditions, if any, w	arch agus A	. (ecute my	00	ardial d	reface	clury.			
		rise to immediate c	ouse (o), (b)	- 0	2		0-				
		stoting the underlyi	ng couse	9	ileurclevol	ie	Cardiovase	eulor	Dies	se.		
_	NO	PART II OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELATED	010	THE TERMINAL DISEASE CON	DITION GIV	/EN IN PART 1(o)		19 WAS /	AUTOPSY ORMED?
	IFICAT (YES	NO KX
	CERT	200 ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEE	CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OCCUP	RRED.	(Enter nature of injury in t	Part I or Pa	ort II of item 18)			
	MEDICAL	20c TIME OF INJURY Hour o.m.	Month, Day, Year	20d. IN While of work	- Not While -		CE OF INJURY (Home, farm ory, street, office bldg , etc.)		(City or town)	(Cou	nty)	(Stote)
			that (\(\particle (this hosp	ital) attend	ed the deceased fro	m	Oct. 8, 1	9 67	ta Oct.	18. 196	7. that (I	K (we) lost
							t death occurred of					
		220 SIGNATURE	Nous	aude	M		ATTENDING D	MED. DIRECTOR	STAFF 3E	22b DA	TE SIGNED	1967
f. <		22c. PHYSICIAN'S NAME (Type)	Tomas J.	Herman	ndez, M. D.		22d. ADDRESS Prince Geo	orges	General	Hospi	tal	
	230	BURIAL, CREMATION,	236. DATE THE	EOF	23c NAME OF CEMETER	y OR	CREMATORY	23d L	OCATION (City or T	own) ((County)	(Stote)
. 0		BURIAL (Specify)	Oct. 21	1967	WASH. NAT				ITLAND		RYLAN	. ,
K		FUNERAL DIRECTOR			Co ADDRESS R1	ve	raphe Market		TRAR 25b F	REGISTRAR'S SI	GNATURE	
M	11	IN Cham	ben 60580	I CLE	VELAND AVE	RI	VERDALE DATO C	T 2 0	1967	Clipal	as Jud	4E
4	-					-						







1		ARYLAND STATE DEPA ECORDS, 301 W. PRESTO	I <mark>RTMENT OF HEALTH</mark> N STREET, BALTIMORE, MAF	RYLAND 21201	
FOR STATE	14407 MED	ICAL EXAMINER'S	CERTIFICATE OF DEA	TH ,	14413
HEALTH DEPT.	PLACE OF DEATH a. COUNTY Prince George 's	MARYLAND	2. USUAL RESIDENCE (Where deceded of STATE Maryland	ised lived, if institution: Richard Prince	esidence before admission) George 1 s
ony delay is 2, and 3 ta PM3 Page	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	about 2 days	c CITY OR TOWN (f outside carpai	ate limits, write RURAL an	d give nearest tawn) 6
ote De	Eugene Leland Memorial H	ospital	6213 20th Av		YES NO X
ive Pour	NAME OF First DECEASED (Type or print) David	M·ddle	losi 4 DATE OF Ward DEATH		Day Year 22 19 67
ins offer 18 Gree of on 18 Cree of on 18 Cree of on 18 Cree of on 18 Cree of orth	SEX 6 COLOR OR RACE 7 MARRIED male white WIDOWED	DIVORCED	3-23-43	lost birthdoy) Man	
thin 24 hours ofter de nici in Item 18 Give I niner's Office olong w pages I and 2 with the urs ofter death	ring most of working life, even if retired) Auto mechanic mec	ND OF BUSINESS OR DUSTRY hanics	II BIRTHPLACE (State or foreign of New York	auntry)	COUNTRY? United States
within pencil cominei ile page hours o	Roger Ward		14 MOTHER'S MAIDEN NAME Elissa Staute	d	
xecuted with and adding the Medical Exor permit. File within 72 hor	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, ar unknown) (If yes give war ar dates af service)		ospital records	Address	
O DEPUTY MEDICAL EXAMINER: This cert,ficate should be executed within 24 hours ofter death If necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages. If the funeral director Page 4 should be farwarded to the Chief Medical Examiner's Office along with facts 5 may be retained for your files. Defined to see a burial-transit permit. File pages land 2 with the state Director to burial, cremation, or removal, and in any event within 72 hours after death	IS CAUSE OF DEATH (Enter only one cause per line for PART) DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Perf Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	(a), (b), and (c).) orating gunsho	t wound of abdom	en	INTERVAL BETWEEN ONSET AND DEATH
his cert.fi ate, writin e forware be used o	PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING T				19 WAS AJTOPSY PERFORMED? YES NO D
LEXAMINER: This cert. cecute the certificate, writh Page 4 should be forwar for your files. R. Page 3 should be used it, cremotion, or removal,	PRIMARY Day CONTRIBUTING CAUSE OF DEATH Sho 20c THE OF NJURY Month Day, Year 20d While 3:05 pm pm 10-19 19 67 atwark	t by policeman LRY OCCURRED 20e PLAC Onwork X 4160	Enter noture of injury in Port I or Port during arrest a E OF INJURY (Home, form 2007 Provider office bldg, 144) Fid.,	ttempt ((ily or lown) Beltsville,	
DEPUTY MEDICAL EXAMINER: scessory, please execute the certile funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should earth prior to buriol, cremotion, or	21. I certify that I tack charge of the rem death resulted from Natural causes. ACTUAL SIGNATURE		d on Autopsy, Inspect de, Hamicide, L CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMI	Indetermined manne	
ro DEPUTY necessary, g the funerol 5 may be r 10 FUNERAL Health prior	EXAMINER'S NAME (Type) John Kehoe M.D., Ri	verdale, Maryl	DEPUTY MEDICAL EXAMINED Address (Street city, town	R X , or county)	10-22-6
VR A15ME (5)	BURIAL CREMATION 235 DIATE THEREOF REMOVAL (Specify) CREM ATTON 10/24/1967 FUNERAL DIRECTOR CAPACITY ATTOMIC 1396 YSONG'S FUNERAL HOMIC 1396	CEDAR HILL (ADDRESS 11. STREET, N. W	CREMATORY S		(County) (State) (T.AND ARS SIGNATURE CIVILLE UNDER





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14409 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY a. STATE **b** COUNTY MARYLAND OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Upper Marlbere 2 Mes. 14 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 Box 5 NAME OF Middle Lost 4 DATE Dov Year DECEASED abacca (Type or pnnt) DEATH 19 6 S SEX IF UNDER I YEAR IE UNDER 24 ARS 6 COLOR OR RACE **NEVER MARRIED** DATE OF BIRTH AGE (In years lost birthdoy) Days WIDOWED DIVORCED 106 KIND OF BUSINESS OR Do USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working life, even if retired). Own Home COUNTRY? GFORCE PRINCE house wi 13 FATHER'S NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes_no, or unknown) (If yes give wor or dotes of 17. INFORMANT 16. SOCIAL SECURITY NO (If yes give wor or dotes of service) Jeseph C. Watson-Same as Item #2 18. CAUSE OF DEATH (Enter only one cause per line for (1), (1), PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH sidued by IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stoting the underlying couse by the hospitol or ottending hos been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(a) YES NO After this certificate 2Do ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) OR CONTRIBUTING (AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dc TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form (City or fown) (County) (Stote) Hour 'o.m. factory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram sow the deceased alive of and that death occurred of from causes and on the date stated above 22o. SIGNATURE 22b DATE SIGNED ATTENDING PHYS director, poge 3 should be filed v DIRECTOR 22d ADDRES PHYSICIAN S NAME (Type) DATE THEREO! NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) Burial (Specify) Mt. Carmel Cemetery Upper Marlbere 10/21/67 Md. 2So REC D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Ritchie Bres. Upper Marlbore, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after NEF EORGE MARYLAND CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) and completely filled in by remove carbon papers. Ago any event, within 72-hours VER LVASHINGTON d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? No X YES |_| executed within NAME DF Middle DATE 3. Month Day DECEASED CT EL ABETH ĎEATH (Type or print) 6 196 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Hours please removal, and in any WIDOWED [DIVORCED X yrs. 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11, BIRTHPLACE (County & State, or foreign country) 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT The law requires that the death certificate be INDUSTRY COUNTRY? HOUSEWI NOLS attending Flyner of the ple on, or removal, a MOTHER'S MAIDEN NAME ROLIN LACE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address 4 has been signed by the atten as the burial-transit permit. prior to burial, cremation, or (Yes, no, or unknwn) | (If yes give war or dates of service) MRS RUTH 5 INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c) DINSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) has CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate YES T NO T 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the detact of 1 dept. of 1 t S MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State I Hour a.m. Not While OR ATTENDING | 19 at work __ at work p.m. INRECTOR: A age 3 should led with the 9 v that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE page ATTENDING PHYS. MED. PHYS M.D. DIRECTOR Page 4 may O HOSPITAL 22d. ADDRESS director, p should be 1 PHYSICIAN'S NAME (Type) BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. REMOVAL (Smilty) 0 EMATION REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** 25a. Minules Judge VR A15 (4) 2DM 1/65



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offer of the state		_	write RURAL end give nearest town) LAMAM DE HOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS) e. IS RESIDENCE
s. Fag	Ų		d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) MAGNOLIA CATOLIS 8610 MAPLE AVE.,	ON A FARM? YES NO 🔀
ples		3 .	NAME OF First Middle Last 4. DATE Month OF OF	Day Year
S Constitution		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDE	
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he de strend hen p			WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address ss, no, or unknown] ([ffyesgivewerordetesolspecified]	_
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B AN			saw the deceased alive on	22b DATE
W &			Olyhur Ju Comey MD PHYS DIRECTOR PHYS.	SIGNEE -
Pag NER/	1		PHYSICIAN'S NAME (Type) ROBERT S. McCENEY, M. D.	
O HOSPITA death Page O FUNERAL director, page be filed with	^	234	a. BURIAL, CREMATION, 23b. LAUREWERKARYLAND 23 200 HOLE OF CEMETERY OR GREMATORY 23d. LOCATION (City, Town or courseless)	
VR A1S (4)	X	24	FUNERAL DIRECTOR'S S'GNATURE ADDRESS 250. REC'DARY REGISTRANGED REGIST	
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THE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 14420
	PLACE OF DEATH o. COUNTY B. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 30 400 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 47 A STREET ADDRESS 47 A STREET ADDRESS YES \[\begin{array}{cccccccccccccccccccccccccccccccccccc
	NAME OF DECEASED (Type or point) SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED PATE OF BIRTH NIDSTANCE 1 Month Day Year OF DEATH OCT 10 19 47 SEX 16 COLOR OR RACE 7 MARRIED NEVER MARRIED PATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 10st birthday) Months Days Hours Min.
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CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
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MEDICAL	Direct of work of work
	21. I certify that (1) (this haspital) attended the deceased from 1967, and that deoth occurred of 300 M, fram causes and on the dote stoted above 220 SIGNATURE. 220 SIGNATURE ATTENDING MED DIRECTOR STAFF 120 DATE SIGNED 221 DATE SIGNED 222 DATE SIGNED 222 DATE SIGNED 223 DATE SIGNED 224 ADDRESS
1	REMOVAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) ALE FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE LA FUNERAL DIRECTOR DATE OCT 17 1967 MILLIANS JUMPS.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14421 14415 CERTIFICATE OF DEATH and 2 death. after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased aved, if institution. Residence before admission) o. COUNTY Prince Georges o. SIANE Maryland b. COUNTWARD MARYLAND b CITY OR TOWN (If outside corporate limits. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give nearest town)
Riverdale Savage d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Within 72 The law requires that the death certificate be executed within 24 After this certificate hos been signed by the attending physicion and completely filled to be detoched for use as the bunal-tronsit permit. Then please remove carbon pop-Eugene Leland Memorial Hospital Box 2h YES NO DE NAME OF Lost 4 DATE Month Dov Year **DECEASED** Blanche Type or print H. Williamson DEATH October 19 67 SEX IF UNDER 1 YEAR 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** ost parthdoy) Manths Doys Hours White WIDOWED DIVORCED Female 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) USA Virginia butter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Giles Henderson, William IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war ar dates of service) Husband/Medical Record 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (p).
PART DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital ar ottending physician. DUE TO buriol, (Conditions, if only, which gove rise to immediate couse (a), DUE TO for use as the b Health prior to b stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS) PERFORMED? NO 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH 3 should be detoched with the Stote Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour om Not While factory, street, office blda, etc.) ot work of work 21. I certify that (I) (this haspital) attended the deceased fram Lec and that death accurred at 10 42 M, fram causes and an the date stated above O FUNERAL DIRECTOR: saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M D PHYS DIRECTOR PHYS ROBERT S. McCENEY, M. D. PHYSICIAN S 22d ADDRESS NAME (Type) 402 MAIN ST. A THE WAY TO A THE 23c NAME OF CEMETERY OR CREMATORY BUR AL CREMATION 23d LOCATION/City or Town) # (State) (County) REMOVAL (Specify) ADDRESS REC'D BY REGISTRAR 25b. REGISTMAR'S SIGNATURE



MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

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PLACE OF DEAT	d .				(Where deceased I ved,		nce before odm ssion)	
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Cle		h b dever	BREILE		**		- D 71	
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	Thomas Wilson	A.		L I S	aude Smith			
IS WAS DECEASED.	EVER IN U.S. ARMED FORCES?	16 SOC AL SECUR	1TY NO. 17 1	NFORMANT		Address		
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IB CAUSE OF	DEATH (Enter only one couse	per line for (o) (b), and	(c))				INTERVAL BETWEEN	
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(b) Secondary to trauma - auto accident								
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E 200 EXTERNA PRIMARY ☐ or CALISE OF DEAT	CONTRIBUTING 🖾							
		Driver	of car wh	ich hit a	tree.			
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	John Kehoe, M	.D. Alve	rdale, Mo	Address (Stre	et, city town or county			
30 BURIAL CREM	TION, 23b DATE THERE	OF 23c NAM	E OF CEMETERY OR	(REIDE)SX	23d LOCATION (City or Town)	(County) (State)	
REMOVAL (Spe	(Oct. 19.	1967 Arli	ngton hat	ional	Arlingt	on Vir	inia	
24 FUNERAL DIRE			ORESS.		D BY REG STRAR			
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H'. (ir	ascu's gons	HVALUSVIII	C. Plus	-0.03	THE SULT	166.		

VR A 15ME (5)

5 may be retained for your files.

FOR STATE HEALTH

If any deloy is

in pencil in Item 1'8, froe Riges 1, 2, and 3 to

necessory, please execute the certificate, writing the word "pending' in pencil in Item 18, five Pages 1, 2, and 3 to the function and the forwarded to the Chief Medical Examiner's Office a long with farm PM3. Page

This certificate should be executed within 24 hours after death

MEDICAL EXAMINER:

TO DEPUTY

TO FUNERAL DIRECTOR: Page 3 should be used as a bur.ol-transit permit. File pages I ond 2 with the State Department



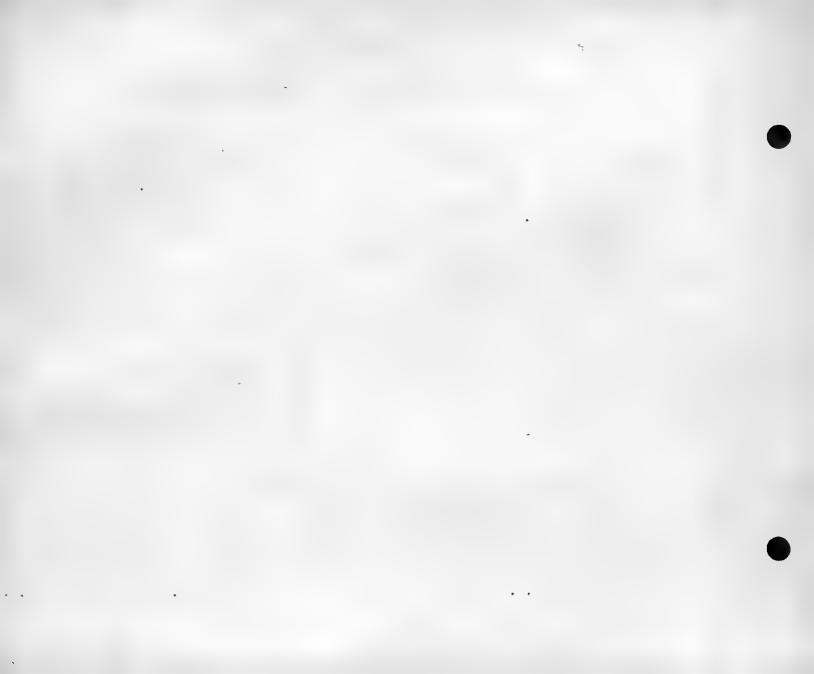
I PR STATE	1t	MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14423
ITTH DEET		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Resid to COUNTY a. STATE b. COUNTY	lence befare adm ssion).
d de d		Prince George's MARYLAND Marvland	6/
PM3. Page.	þ	CITY OR TOWN (I autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn)	give negrest town)
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-	E	DECEASED OF	Day Year
	5 5	Type of print) EX 6 COLOR OR RACE AND NEVER MARRIED B DATE OF BIRTH 9 AGE (in years if UNDER	30 19 67 ER I YEAR IF UNDER 24 HRS
<u>:</u>	7	NEVER MARRIED B DATE OF BIRTH 9 AGE (In years lift UNDE W.DOWED DIVORCED 4-18-1916 9 AGE (In years lift UNDE Months	Days Hours Min
	10a	ISUAL OCC PATION (Give kind of work done 10h KIND OF RUSINESS OP 11 RIPTHEI OCF (State or foreign or intro) 12	CITIZEN OF WHAT
	dur	ng most Tyorking life, even if retired) INDUSTRY Te NN.	COUNTRY'S A
	13.	FATHER'S NAME	
		George Wilson Rosie Bales	
72	(Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (3:31EF.) Address 16. no, or unknown) (If yes give wor or dotes of service) 413-14-1650 Mrs Myntle Pratt 942 W.	
and in any event within 72 havra after death		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	LOMBEN 4 SY.
t l		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hematoma	ONSET AND DEATH
		936. 4 DUE TO Trauma	
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- 1		lost. (t)	
	CATION	PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED? YES NO
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	DCA	20c T ME OF INJURY Month, Day Year AV Re Je PLACE OF INJURY (Home * 201 (Eity or fawn) (I	County) (State)
/	E .		.Geo. Md.
		21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection 🐹, Inquiry 🔯	
		death resulted fram: Natural causes , / Accident . Suicide , Homicide , Undetermined manner (
		ACTUAL SIGNATINE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
		DEPUTY MEDICAL EXAMINER	
1,		NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, cly, town, or county)	11-2-67
		BUR AL CREMATORY 236 DATE THERSOF 236 NAME OF CEMETERY DR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) REMOVAL (Specify)	ty Tens
Ì	24.	FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 1400 Chap 250 RECU BY REGISTRAR 1967 256 RECUBERAR	S S MATUR Joseph



	, MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201
7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #7 Film #6301 Photography Death CERTIFICATE OF DEATH
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funeral formation of the second secon	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. CQUNTY
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the the ages	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
aura po	Forest Ville 1967 Washington 7)
24 haurs after death as in by the funeral pipers. Pages on a 12 haurs after death	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM?
	legent Nursing Home I seaton Theel N. VV YES NOW
E S	3. NAME OF DECEASED First Middle Lost 4 DATE Manth Day Year OF Control OF Con
d v ferte	(type or print) Rober Daiyiet Willow Death Co. 213 1901
cute eve	S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In under 1 House Indian
e death certificate be executed wit attending physician and campletely permit. Then please remove carbo an, ar remaval, and in any event, w	Male Megro WIDOWED DIVORCED 16-15-96 7/ Yrs
be an in	100 USJAL OCCUPATION (Give kind one during most of working Ligreyen historied) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY?
ctar	HECGUST CO CO. TOO,
iffice and the second s	13. FATHER'S NAME
The Part	Verry T. NIESON LOUISE Johnson
affi	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, na, arunkhawn) (if yes give wor ar dates at service) 2-202. 110 111.
de de m. n. n. n. n.	UCS WWI DIF 40-664 Mary L. Drown Washingtonie.
requires that the death certificate be executed within g physician. signed by the attending physician and campletely fill burial-transit permit. Then please remove carbon be burial, crematian, ar remayal, and in any event, within	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY:
hat n. ansi	IMMEDIATE CAUSE (o) Circulatory Cally Se
equires tha physician. signed by burial-tran burial, crer	DUE TO
ivire igne uria	Conditions, if ony, which gave is to immediate cause (a), (b) Mysecarbles Faclure 6 mg
op per per per per per per per per per pe	stoting the underlying cause (DUE 10 A A C)
bee bee	lost. (c) (Chillerion Cel at Certificity 4 syn
he atte	PART I., OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16)
T T T T T T T T T T T T T T T T T T T	3 Core of Controllerous CV. H. 1902, forethy 185 100
語語語を表	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury a Part I at Part T af Item 18.)
YSI asp cert cert	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: The law ruth he haspital ar attending this certificate has been letached far use as the Bept. of Health priar to	CONCLIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year Haur o.m. 20d. INJURY OCCURRED While Not While factory, street, office bldg., etc.) PERFORMED? YES NO SET IN DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part 1 at item 18.) (County) (State)
UDING d by th After 1 d be d e State	p.m. Satwork alwark
OR ATTENDING be retained by the HRECTOR: After e 3 shauld be de ed with the State	21. I certify that (II (this hospital) attended the decrosed from 10/12 1, 10/12 1/19(1), that (I) (we) last
TTE Gine	saw the deceased alive on 1877, and that death occurred at 2.0 Mixing lauses and an the date stated above
retar With With	Allending on Med. And Start of the Annual Star
Dig be	ALD PHYS DIRECTOR PHYS DIRECTO
May May be fine fine fine fine fine fine fine fin	NAME (Type) KE/ 1/11/ - MINCHIN GROOM ARLBORD PINESE
Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. director, page 3 shauld be detached for use as the burial-transit permit. Then physhauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval,	23 BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
H H H H H H H H H H H H H H H H H H H	REMOVAL (Specify)
5-5	Burial 10-31-67 Lincoln Memorial Cemeter Suitland, P. G., Maryland 24. FUNERAL DIRECTOR 250 RECIDENT ADDRESS 250 RECIDENT REGISTRAR 250 REG
VR A15 (4) 25M 1/67	Stall Grasi 621 Fla Car IV 1 1967 minutes Judges
	With the Cal San Carrier Con 1

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #7 Film #3391 10/30/67 ph CERTIFICATE 144 8 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, District of Columbia
TOWN (If ourside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 write RURAL and give nearest town) oth papers. Perfethin 72 hour Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) requires that the death certificate be executed within 24 h d. STREET ADDRESS e IS RESIDENC ON A FARM? Prince Veorge's General Hospital 2101_16th_Street N.W. YES NO F NAME OF 4 DATE Doy Year DECEASED OF DEATH (Type or pnnt) please removeseat Morris Wolowitz and in anywevent 5. SEX 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** lost birthdoy) Months Dovs Haurs WIDOWED DIVORCED Ec. 25,1878 Cauc. and 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY,? by the attending physician ransit permit. Then please Merchant Machines 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remayal, Esthe 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) William H. Wolowitz - 1742 Holly St. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) signed b **DUE TO** INTESTINAL NEMORRHAGE Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse After this certificate has been be detached for use as the State Dept. of Health priar to OR ATTENDING PHYSICIAN: The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERT-FICATION NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) EDICAL 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While at work 2). I certify that (1) (this haspital) attended the deceased fram a be retained and that death accurred at 87/37M, from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED MED. M.D DIRECTOR PHYS director, page should be filed Page 4 may b 22c PHYSICIAN 22d ADDRESS NAME (Type) Eastern Ave. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. DATE THEREO 23d. LOCATION (City or Town 23b (County) REMOVAL (Specify) 10 BUTIA 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR Wush & C VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, 1f Institution: Residence before admission) e. COUNTY PRINCE e. STATE by the fundamental Pages 1 urs after o PRINCE TEORGE MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) carbon papérs. Pag ent, within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Ξ ER filled/ d. STREET ADDRESS e. IS RESIDENCE , St ON A FARM? 4300 NO X UCKERMAN 4300 YES completely 3. NAME DE First Middle Lest Month Day DECEASED FRED DF Det event, ANCE (Type or print) DEATH 6 19 SEX Then please remove removel, and in any ever 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED and MIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please I should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be INDUSTRY during most of working life, even if retired) **COUNTRY?** BUILDING. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. 1. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SAME (If yes give war or dates of service) (Yes, no, or unknwn) MRS EORA CAUSE OF DEATH [Enter only one cause per line-for INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that t Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY PERFORMED? NO [YES [20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) Hour e.m. factory, street, office bldg., etc.) Not While at work While at work p.M 21. I certify that (I) (this hospital) attended the deceased from 4 AMN from the causes and on the date stated above. saw the deceased alive on and that death occurred at. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. ADDRÉSS 22c. PHYSICIAN'S NAME (Type) 22d. 23a. BURIAL, CREMATION, 23c. OF CEMETERY OR-CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) CEMETER **FUNERAL DIRECTOR ADDRESS** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ERDALE av Do VR A15 (4) 20M 1/65







MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14429

17,1,92

CERTIFICATE OF DEATH

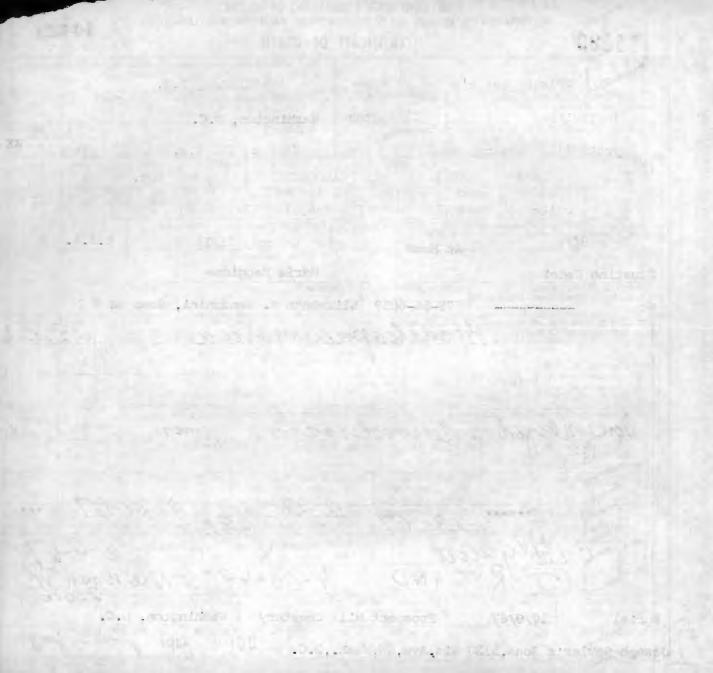
1. PLACE OF DEATH				Where deceased lived, if institut	tion: Residence before	e admission)
o. COUNTY	ince George	s MARYLAND	o. STATE Wash	ington, D.C.	NTY	/
b. CITY OR TOWN (If outside	corporate limits.	c. LENGTH OF STAY IN 16		utside carparate limits, write RU	RAL and give nearest	t town)
write RURAL and give ne Hyattsvil		2½ month	s Washingto	n D C		47-3
d. NAME OF HOSPITAL OR IN	STITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS	Hig Halia		e. IS RESIDENCE
Hvattsvil	le Nursing	Home	4627 47±	h St. N.W.	1	ON A FARM?
3. NAME OF	First	Middle	Last	4. DATE Mon	th Day	Year
(Type or print)	EMMA C	ADEI	ZANDONINI	OF DEATH Oct	. 4	19 67
S. SEX 6. COLO	OR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
F wh	ite WIDON	WED XX DIVORCED	Feb. 13, 1	877 last birthdoy)	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kir	nd of work dane	Ob. KIND OF BUSINESS OR		& State, or foreign country)	12. CITIZEN OF	
during most of working life, even Housewife	if retired)	INDUSTRY	CHiari	, Italy 1	JOUNTRY?	
13. FATHER'S NAME		At-Home	14. MOTHER'S MAIDEN			
Faustino Cade	ei		Maria Mag	ggione		
15. WAS DECEASED EVER IN U.S.	ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Addr	ess	
(Yes, no, or unknown) (If yes giv	te wor or dotes of service)	579-66-6019 I	Elizabeth M. 2	Zandonini, Sam	e as # 2	
1B. CAUSE OF DEATH (Ent	ter only one couse per in	for (o), (b), and (c)		\$	JAJE	R/AL BETWEEN
PART I. DEATH WAS (TAUSED BY:	ranchas	meumo	mas.	2	AND DEATH
491x	DUE TO					
Canditions, if any, which g		,				
rise to immediate cause stating the underlying ca						
tast.	—) (d)					
PART OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NOITION GIVEN IN PART 1(0)	19,	WAS AUTOPSY PERFORMED?
3 Junion	uzed a	Merensch	NAMINI	itella		
			1 verse	at the same	YE	S NO
20g. ACCIDENT WAS UNDERLY	ring (2)	b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part I or Part II of item 18.)	YE	NO K
20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL I	OF DBMTH	b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part I or Part II of item 18.)	YE	S NO K
20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL I 20c. TIME OF INJURY Man	OF DEWTH EXAMINER) th, Day, Year 2	Od. INJURY OCCURRED 20e.	. PLACE OF INJURY (Home, for	n, 20f. (City or town)	(County)	(State)
20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CI CAUSE (IF EITHER, NOTIFY MEDICAL I 20c. TIME OF INJURY Mon Hour o.m. p.m.	OF DEWITH EXAMINER) th, Day, Year 2			n, 20f. (City or town)		S NO K
p.m.	OF DEATH EXAMINER) th, Day, Year 19 of	Od. INJURY OCCURRED 20e.	. PLACE OF INJURY (Home, far factory, street, office bldg., etc	n, 20f. (City or town)	(County)	S NO K
p.m.	OF DENTH EXAMINER) th, Day, Year 19 (I) (this leaspite) at	Od. INJURY OCCURRED 20e. While Not While twark at work the deceased from	. PLACE OF INJURY (Home, far factory, street, office bldg., etc	n, 20f. (City or town)	(County)	(State)
21. I certify that	OF DAM'H EXAMINER) th, Day, Year 19 (I) (this loopital) at olive on	Od. INJURY OCCURRED 20e. While Nat While at work the deceased from	PLACE OF INJURY (Home, farifactory, street, office bldg., etc., p. 12.23 — , that death occurred of	n, 20f. (City or town) 1000, to 9-2 420 fM, fram causes	(County)	(State) ot (I) (We) la
21. I certify that saw the deceosed 22a. SIGNATURE	OF DENTH EXAMINER) th, Day, Year 19 (I) (this leaspite) at	Od. INJURY OCCURRED 20e. While Nat While at work the deceased from	PLACE OF INJURY (Home, for factory, street, office bldg., etc., et	n, 20f. (City or town)	(County)	(State) ot (I) (We) la
21. I certify that saw the deceosed	OF DAM'H EXAMINER) th, Day, Year 19 (I) (this loopital) at olive on	Od. INJURY OCCURRED 20e. While Nat While at work the deceased from	PLACE OF INJURY (Home, for factory, street, office bldg., etc., and the death occurred of ATTENDING	m, 20f. (City or town) 20f. (City or town) 420 fm, fram causes	(County)	(State) ot (I) (We) la
21. I certify that saw the deceosed 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION,	OF DAM'H EXAMINER) th, Day, Year 19 (I) (this loopital) at olive on	Od. INJURY OCCURRED 20e. While Nat While at work the deceased from	PLACE OF INJURY (Home, far factory, street, office bldg., etc. n. 2 3 - , that death occurred of M.D. ATTENDING PHYS. 22d ADDRESS	m, 20f. (City or town) 20f. (City or town) 420 fm, fram causes	(County) A The 7th and on the date 22b, DATE SIGNAL Wush	(State) ot (I) (We) la
21. I certify that saw the deceosed 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify)	OF DEATH EXAMINER) 1h, Day, Year 19 (I) (this hoopital) at olive pay 23b. DATE THEREOF	Od. IMJURY OCCURRED While Not While of twork of the deceased from	PLACE OF INJURY (Home, for factory, street, office bldg., etc.) n_2	m, 20f. (City or town) 1000 to 9 2 120 fm, fram causes MED. STAFF DIRECTOR PHYS. 149 FM St N C	(County) 9 The Tth and on the date 22b, DATE SIGNE WWAS	(State) ot (I) (We) la estated above?
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL I 20c. TIME OF INJURY Mon P.m. 21. I certify that Saw the deceosed 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION,	OF DEATH EXAMINER) 1h, Day, Year 19 of (I) (this loopital) of olive on,	Od. IMJURY OCCURRED While Not While of twork of the deceased from	PLACE OF INJURY (Home, for factory, street, office bidg., etc. n_12_23, thot death occurred of PHYS. ATTENDING PHYS. OR CREMATORY ill Cemetery	MED. STAFF DIRECTOR PHYS. 23d. LOCATION (City or To Washington,	(County) 9 The Tth and on the date 22b, DATE SIGNE WWAS	(State) Ot (I) *We* log stated above (State) (State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled a director, page 3 should be detached for use as the burial-transit parmit. Then please remove cardion-paper should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death

Page 4 moy be retained by the hospitol or ottending physician.

by the funeral Pages I ond hours ofter



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film # CERTIFICATE

14430

funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Mary land b. COUNTY Prince George's Prince George's MARYLAND Pages ours afte b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Hvattsville Cheverly 57 days ician and campletely filed in lease remove carbon papers. and in any event, within 72 h. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS e IS RESIDENC ON A FARM? Prince George's General Hospital 4407 VanburenSt. University Park 3. NAME OF Middle 4. DATE Month DECEASED OF DEATH October 24, 1969 (Type or print) Dorothy D. Zentz 7. MARRIED X SEX IF UNDER 1 YEAR 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) Months Dovs Hours White Female WIDOWED DIVORCED 10/7/1895 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT attending physician overmit. Then please during most of working life, even if retired) INDUSTRY UCOUNTRY? Pennsylvania llousewife own home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remayal, Andrew L Huss Florence A. Reeder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dates of service Ezra Monroe Zentz Hyattsville, Md. no burial, crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND OFATH Nutritional cirrhosis of the Liver with IMMEDIATE CAUSE (o) DUE TO hepatic failure Conditions, if ony, which gove (b) rise to immediate cause (o), DUE TO stoting the underlying couse prior to has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) **ECTOR:** After this certificate has should be detached for use with the State Dept. of Health YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED (City or town) (Stote) (County) Hour o.m. factory, street, office blda., etc.) Not While of work of work O FUNERAL DIRECTOR: After 196 4 to 10/24 19 67, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 7-15 nond that death occurred at 8:40 M, from causes and an the date stated above. saw the deceased alive on 10-196 22o. SIGNATURE 22b. DATE SIGNED M.D. be filed PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Don B. Cameron 3503 Perry St., Mt. Rainier, Md. director, should be 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) Colmar Manor Pro Geo Md. Oct 27, 1967 Ft Lincoln Cemetery ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md.

VR A15 (4) 25M 1/67

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Pagm 4 may be retained by the haspital or attending physician.

requires that the death certificate be executed within 24 haurs after death

